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FOR ACTION

# SUMMARY OF 1995 RECOMMENDATIONS FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING PROGRAMMES

SUMMARY

The present document, known informally as the "round-up" document, has been prepared to facilitate review by the Executive Board of recommendations for new general resources programmes and supplementary funding proposals. The addendum to the present document also provides estimates of future expenditures for all the country programmes as well as regional and interregional projects, with a breakdown by sources of funding.

* E/ICEF/1995/10.

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## INTRODUCTION

1. The present "round-up" document summarizes all programme recommendations submitted for approval by the Executive Board at its second regular session of 1995. They include recommendations to be funded from general resources as well as recommendations for programmes to be financed from supplementary funds contributions. The paper includes 48 country programmes, 3 short-duration "bridging" recommendations for services for Palestinian children and women, 1 programme for an area office for the Central Asian republics and Kazakhstan, 1 recommendation for a subregional supplementary funding programme in South Asia and 1 recommendation for funding of the 1995 UNICEF Maurice Pate Award.

2. Requests for additional general resources for 26 countries for a total amount of $22.7 million are recommended for approval to meet the required general resources planning level for the remaining year or years of the cycle approved by the Board at an earlier date. Countries requiring additional general resources are indicated in table 1 with asterisk (*) in the year funds are required. The most common reason for the need for additional general resources is the adjustment of countries' general resources planning levels as a result of the annual review of the countries' situations using Board-approved indicators for allocating general resources. General resources planning levels of countries also were adjusted to meet priority goals and objectives. These increases in country ceilings were made possible by equivalent reductions in global funds expenditures. Country-specific explanations are included in the programme recommendations. To limit the amount of documentation and to provide for continuity and coherence in describing previous cooperation, requests for additional general resources have been incorporated into the recommendations for either full or bridging country programmes.

3. The total amount of general resources recommended for programmes for approval at the current session is $607.1 million, including $1.0 million for overexpenditures. The total number of submissions is less as compared to the previous year, but almost twice as much in amount because the programme cycles of several large country programmes will end at or almost at the same time. These include the programmes for Afghanistan, Bangladesh, China, Indonesia, Myanmar, Uganda and Viet Nam. Details of the general resources submissions are shown by region and country in table 1, under the column "recommended funding from general resources for the period". Breakdowns of new recommendations from general resources by major programme fields and regions are provided in table 2.

4. The total amount of supplementary funding proposals at the current session is $954.8 million. These proposals are listed separately by region and country in table 1, under the column "new supplementary funding proposals". Supplementary funding proposals for 6 countries and 1 interregional programme in the total amount of $39.0 million for which no full-length general resources programmes are recommended for approval at the current session are presented in documents E/ICEF/1995/P/L.28, E/ICEF/1995/P/L.29, E/ICEF/1995/P/L.32, E/ICEF/1995/P/L.35, E/ICEF/1995/P/L.36 and E/ICEF/1995/P/L.37. A double asterisk (**) after the period covered indicates a supplementary funding proposal without a full general resources recommendation.

5. A comprehensive picture of approved general resources and supplementary funds for all the countries with which UNICEF cooperates, as well as of regional and interregional programmes, is provided separately in the addendum to the present document. It shows balances as of the end of 1994 of programmes approved earlier by the Board and new recommended general resources for review and approval by the current session of the Board. To provide a total picture of possible financing for the future, unfunded supplementary funding proposals for the country are also shown. It should be noted, however, that implementation will depend on funds being raised to finance these programmes.

6. In order to meet documentation deadlines, country programme recommendations and tables 1 and 2 of the present document were prepared before aggregate financial data for 1994 were finalized.

Table 1

PROGRAMME SUBMISSIONS TO THE 1995 EXECUTIVE BOARD

(In United States dollars)

| | Period | Recommended funding from general resources for the period | New supplementary funding proposals | Document E/ICEF/1995/... |
|---|---|---|---|---|
| Africa | | | | |
| Angola | 1996 | 3 200 000 | 6 700 000 | P/L.27 |
| Burkina Faso | 1996-2000 | 14 000 000 | 34 375 000 | P/L.14 |
| | 1995* | 260 000 | | |
| Cameroon | 1996-1997 | 2 800 000 | 6 000 000 | P/L.28 |
| | 1995* | 750 000 | | |
| Chad | 1996-2000 | 8 500 000 | 16 025 000 | P/L.15 |
| | 1995* | 181 680 | | |
| Côte d'Ivoire | 1995-1996** | | 2 000 000 | P/L.35 |
| Eritrea | 1996-2000 | 7 500 000 | 25 850 000 | P/L.11 |
| | 1995* | 600 000 | | |
| Gabon | 1996 | 750 000 | 300 000 | P/L.28 |
| Ghana | 1996-2000 | 15 000 000 | 26 828 000 | P/L.16 |
| | 1995* | 650 000 | | |
| Guinea | 1996 | 2 000 000 | 5 415 000 | P/L.28 |
| | 1995* | 715 935 | | |
| | 1995** | | 765 000 | |
| Madagascar | 1996-2000 | 15 900 000 | 44 100 000 | P/L.12 |
| | 1995* | 165 000 | | |
| Mauritius | 1996-2000 | 3 750 000 | 500 000 | P/L.23 |
| Nigeria | 1996 | 16 000 000 | 7 000 000 | P/L.28 |
| Sao Tome and Principe | 1996 | 750 000 | 345 000 | P/L.27 |
| Senegal | 1995-1996* | 3 072 979 | | P/L.32 |
| | 1995-1996** | | 3 500 000 | |
| Sierra Leone | 1996-1997 | 3 600 000 | 6 776 000 | P/L.28 |
| | 1995* | 200 000 | | |
| Somalia | 1996 | 3 000 000 | 23 000 000 | P/L.27 |
| | 1995* | 400 000 | | |
| Swaziland | 1996-2000 | 3 750 000 | 2 750 000 | P/L.23 |
| | 1995* | 100 000 | | |
| Uganda | 1995-2000 | 32 600 000 | 77 400 000 | P/L.13 |
| United Republic of Tanzania | 1995-1996** | | 1 035 450 | P/L.32 |
| | 1996* | 4 011 270 | | |
| Zaire | 1996-1997 | 14 000 000 | 6 000 000 | P/L.28 |
| | 1995* | 373 000 | | |
| Total, Africa | | 158 579 864 | 296 664 450 | |

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Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1995 EXECUTIVE BOARD

(In United States dollars)

| | Period | Recommended funding from general resources for the period | New supplementary funding proposals | Document E/ICEF/1995/... |
|---|---|---|---|---|
| Americas and the Caribbean | | | | |
| Argentina | 1995** | | 5 000 000 | |
| | 1996 | 1 000 000 | 9 000 000 | P/L.29 |
| Guatemala | 1995-1996** | | 2 700 000 | P/L.36 |
| Haiti | 1995-1997 | 5 100 000 | 25 800 000 | P/L.29 |
| Jamaica | 1995-1996 | 1 500 000 | 1 600 000 | P/L.29 |
| Mexico | 1995* | 431 512 | | P/L.33 |
| Venezuela | 1995* | 1 076 840 | | P/L.33 |
| Total, Americas and the Caribbean | | 9 108 352 | 44 100 000 | |
| Asia | | | | |
| Bangladesh | 1996-200 | 88 000 000 | 162 000 000 | P/L.21 |
| Bhutan | 1996* | 873 645 | | P/L.34 |
| Cambodia | 1995* | 230 000 | | P/L.34 |
| China | 1996-2000 | 100 000 000 | 60 000 000 | P/L.17 |
| | 1995* | 1 980 000 | | |
| Indonesia | 1995-2000 | 72 000 000 | 70 000 000 | P/L.18 |
| Myanmar | 1996-2000 | 32 500 000 | 23 500 000 | P/L.19 |
| | 1995* | 3 230 049 | | |
| Viet Nam | 1996-2000 | 44 000 000 | 91 000 000 | P/L.20 |
| | 1995* | 1 261 247 | | |
| Total, Asia | | 344 074 941 | 406 500 000 | |

Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1995 EXECUTIVE BOARD

(In United States dollars)

| | Period | Recommended funding from general resources for the period | New supplementary funding proposals | Document E/ICEF/1995/... |
|---|---|---|---|---|
| Central and Eastern Europe and the new independent States | | | | |
| Afghanistan | 1996-1999 | 24 000 000 | 28 000 000 | P/L.22 |
| | 1995* | 500 000 | | |
| Armenia | 1995-1999 | 5 000 000 | 6 500 000 | P/L.26 |
| Azerbaijan | 1995-1999 | 5 000 000 | 6 500 000 | P/L.26 |
| Kazakhstan | 1995-1999 | 5 000 000 | 20 000 000 | P/L.25 |
| Kyrgyzstan | 1995-1999 | 5 000 000 | 10 000 000 | P/L.25 |
| Moldova | 1995-1996 | 1 500 000 | 2 000 000 | P/L.31 |
| Romania | 1995-1999 | 5 000 000 | 7 500 000 | P/L.26 |
| Tajikistan | 1995-1999 | 6 250 000 | 20 000 000 | P/L.25 |
| Turkmenistan | 1995-1999 | 5 000 000 | 10 000 000 | P/L.25 |
| Turkey | 1996 | 2 200 000 | 2 800 000 | P/L.31 |
| | 1995* | 497 002 | | |
| Uzbekistan | 1995-1999 | 6 250 000 | 20 000 000 | P/L.25 |
| Programme support and operations | 1995-1999 | 5 000 000 | | P/L.25 |
| Total, Central and Eastern Europe and the new independent States | | 76 197 002 | 133 300 000 | |
| Middle East and North Africa | | | | |
| Algeria | 1996-1997 | 2 000 000 | 1 000 000 | P/L.30 |
| | 1995* | 357 676 | | |
| Oman | 1996 | 1 000 000 | | P/L.30 |
| | 1995* | 129 416 | | |
| Palestinian women and children in - | | | | |
| Lebanon | 1996-1997 | 700 000 | 1 040 000 | P/L.30 |
| Syrian Arab Republic | 1996-1997 | 400 000 | 620 000 | P/L.30 |
| West Bank and Gaza | 1996-1997 | 2 400 000 | 32 600 000 | P/L.30 |
| | 1995* | 409 841 | | |
| Sudan | 1996 | 5 500 000 | 10 000 000 | P/L.30 |
| | 1995* | 200 000 | | |
| Syrian Arab Republic | 1996-2000 | 5 000 000 | 5 000 000 | P/L.24 |
| Total, Middle East and North Africa | | 18 096 933 | 50 260 000 | |

Table 1 (continued)

PROGRAMME SUBMISSIONS TO THE 1995 EXECUTIVE BOARD

(In United States dollars)

| | Period | Recommended funding from general resources for the period | New supplementary funding proposals | Document E/ICEF/1995/... |
|---|---|---|---|---|
| Interregional | | | | |
| Subregional multimedia communications initiative for girls in South Asia | 1995-1999** | | 24 000 000 | P/L.37 |
| UNICEF Maurice Pate Award | 1995 | 25 000 | | 3 |
| Total, Interregional | | 25 000 | 24 000 000 | |
| Totals | | | | |
| Africa | | 158 579 864 | 296 664 450 | |
| Americas and the Caribbean | | 9 108 352 | 44 100 000 | |
| Asia | | 344 074 941 | 406 500 000 | |
| Central and Eastern Europe and the new independent States | | 76 197 002 | 133 300 000 | |
| Middle East and North Africa | | 18 096 933 | 50 260 000 | |
| Interregional | | 25 000 | 24 000 000 | |
| | | 606 082 092 | 954 824 450 | |
| Amounts to cover overexpenditure | | 1 019 433 | 0 | P/L.38 |
| Grand total | | 607 101 525 | 954 824 450 | |

* Additional funds for the approved programmes and approved programme cycles.
** Country programmes with supplementary funding proposals only.

Table 2

NEW RECOMMENDATIONS FROM GENERAL RESOURCES BY MAJOR PROGRAMME FIELDS AND REGION

(In thousands of United States dollars)

| | Africa | Americas and the Caribbean | Asia | Middle East and North Africa | Central and Eastern Europe and new independent states | Inter-regional | Total | Per-centage |
|---|---|---|---|---|---|---|---|---|
| Health | 41 982 | 2 271 | 91 738 | 4 791 | 27 728 | | 168 510 | 28 |
| Water supply and sanitation | 20 466 | 300 | 37 505 | 2 110 | 6 353 | | 66 734 | 11 |
| Nutrition and household food security | 8 560 | 230 | 18 978 | 750 | 4 417 | | 32 935 | 5 |
| Education | 22 306 | 750 | 63 446 | 2 346 | 11 686 | | 100 534 | 17 |
| Young child development | 859 | 270 | | 470 | | | 1 599 | 0 |
| Community organization and development | 5 927 | 930 | 19 774 | 360 | | | 26 991 | 4 |
| Area-based, integrated and urban services | 910 | 20 | 16 603 | 1 675 | 600 | | 19 808 | 3 |
| Women-centred programme | 3 455 | 200 | 9 839 | 400 | 1 710 | | 15 604 | 3 |
| Children in especially difficult circumstances | 4 235 | 820 | 7 785 | 354 | 2 762 | | 15 956 | 3 |
| Advocacy and social mobilization | 11 575 | 577 | 18 293 | 1 027 | 1 650 | | 33 122 | 5 |
| Planning and social statistics | 16 484 | 575 | 14 204 | 510 | 5 596 | | 37 369 | 6 |
| Emergency relief | 850 | | 5 000 | | 895 | | 6 745 | 1 |
| Programme support | 20 971 | 2 165 | 35 910 | 3 304 | 12 800 | 25 | 75 175 | 12 |
| Unallocated reserve | | | 5 000 | | | | 5 000 | 1 |
| Total, programme recommendations | 158 580 | 9 108 | 344 075 | 18 097 | 76 197 | 25 | 606 082 | 100 |

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20-23 March 1995

FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Eritrea

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Eritrea for the period from 1996 to 2000 in the amount of $7,500,000 from general resources, subject to the availability of funds, and $25,850,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $600,000 to fund the approved country programme for the period from 1994 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

CONTENTS

| | | Page |
|---|---|---|
| I. | THE SITUATION OF CHILDREN AND WOMEN | 2 |
| II. | PROGRAMME COOPERATION, 1994-1995 | 5 |
| III. | RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1994-1995 | 7 |
| IV. | RECOMMENDED PROGRAMME COOPERATION, 1996-2000 | 8 |

List of tables

| | | |
|---|---|---|
| 1. | Basic statistics on children and women | 16 |
| 2. | Expenditure under the previous cooperation period, 1994-1995 | 18 |
| 3. | Planned expenditure, 1996-2000 | 19 |

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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## I. THE SITUATION OF CHILDREN AND WOMEN

1. In mid-1991, the 30-year conflict between Eritrea and Ethiopia came to a close. Following a referendum supervised by the United Nations in April 1993, the proclamation of official independence followed in May 1993.

2. The Eritrean People's Liberation Front held its Third Congress in February 1994 and formulated a 13-point resolution, which constitutes the Government's programme of work. A 50-member commission has been appointed to draft the nation's constitution, to be released in 1996. Steps are under way to organize and vitalize government structures for efficient programme delivery at national and sub-national levels. A recently approved macro-policy framework for national development focuses on growth and equity, entailing an open market economy, human capital formation and improvement of economic and social infrastructures and services. A national assembly will be established, comprising 75 representatives of the People's Front for Democracy and Justice and an equal number of elected representatives. Nearly 50,000 former combatants, including more than 5,000 women, are being demobilized and reintegrated into the economy.

3. The Third Congress rejected ideas and practices that oppress women and supported the enhancement of women's political and economic freedoms, expanded access to education and equality in the family and in ownership of land and property. The National Union of Eritrean Women has emerged as the main institution to advance the cause of women.

4. Over 1 million Eritreans fled the country during the years of conflict. The programme for the repatriation and resettlement of refugees, which aims to resettle more than 500,000 refugees returning from the Sudan alone, poses a major challenge. Each month, between 500 and 1,000 refugees are returning on their own.

5. The combined effects of prolonged war and recurring droughts have caused extreme hardship for Eritreans. Annual per capita income is about $110, among the lowest in the world. Agriculture and industry each account for about 30 per cent of gross domestic product, with services representing the remaining 40 per cent. Agriculture depends primarily on rainfall and focuses on food production. Traditional agricultural technology, coupled with environmental constraints, leads to low productivity.

6. Eritrea has inherited a weak and highly centralized administrative machinery, shortages of skilled human resources, the absence of well functioning procedures and an acute lack of resources for basic services. In response, the Government has begun a decentralization process and to restructure public sector management, strengthen economic and financial management, invest in staff training and to recruit additional personnel on a limited basis.

7. Because of a lack of long-term data, it is difficult to analyse trends in child survival and development. Presently, the under-five mortality rate (U5MR) is approximately 204 per 1,000 live births and the infant mortality rate (IMR) is 120 per 1,000 live births. The top five causes of children's deaths are

diarrhoeal diseases, malaria, acute respiratory infections (ARI), vaccine-preventable diseases and malnutrition. Vaccine-preventable diseases alone account for a U5MR of 43 per 1,000 live births.

8. The maternal mortality rate (MMR) is estimated at 710 per 100,000 live births. There are about 1,000 maternal deaths each year, and an average Eritrean woman faces a 1 in 23 lifetime risk of dying from causes related to pregnancy or childbirth. Every year, another 15,000 women experience such serious health problems as fistulae, uterine prolapse, severe anaemia and infertility. Less than 20 per cent of women receive antenatal care and only 6 per cent have assistance from trained personnel during childbirth. Female circumcision and infibulation, maternal malnutrition, early marriage and high fertility (6.8 children per woman) heighten the risk of maternal morbidity and mortality. The contraceptive prevalence rate is low, at about 3 per cent.

9. Malnutrition is a major contributor to the country's high U5MR. About 66 per cent of children under five years of age are stunted, 41 per cent are underweight and 10 per cent are wasted. The immediate causes of child malnutrition are late weaning and low-energy density of weaning foods. While women's protein-energy status is not yet documented, it is likely to be low, owing to overwork, low nutrient intake, harmful feeding practices, poverty (especially among female-headed households) and low social status. The main underlying cause is household food insecurity. Over 80 per cent of Eritrean children are iodine-deficient, 55 per cent have low iron levels and 7 per cent have low vitamin A levels.

10. The greatest food insecurity is found in female-headed farming households, households with few or no livestock or with herds depleted by drought, households with no employed members, large families with a high economic dependency ratio, nomadic households, recent returnees and families in regions with high rates of malnutrition (i.e. Sahel and Semhar). The most vulnerable groups are children and pregnant and lactating women.

11. The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are emerging as a threat in Eritrea. Over 800 cases of AIDS had been reported as at May 1994, although the National AIDS Control Programme estimates that there could be as many as 4,000 AIDS cases and between 40,000 and 60,000 persons infected with HIV. The epidemic is being driven by a high incidence of sexually transmitted diseases and the lack of an efficient sexually transmitted diseases control programme. Traditional surgical practices (including circumcision and scarification) could make children and women vulnerable.

12. Only 46 per cent of all villages have access to primary health-care services. There is a lack of basic diagnostic equipment and cold-chain equipment for vaccine storage. Most of the 113 health stations do not have sufficient space and operate from makeshift huts, tents and abandoned buildings. Most health units are without running water and medical laboratory support is weak.

13. Referral support services are also weak because of the lack of communication systems between various levels of facilities. Transportation

services for emergency cases are not reliable. The ratio of health staff to the population is one of the lowest in the world. Donors and non-governmental organizations are helping with the reconstruction of health development in the country. However, poverty limits options for co-financing of health care, especially in rural areas.

14. In rural Eritrea, there is accessible safe water supply for only 7 per cent of the population and 45 per cent of the safe water facilities are inoperative. Less than 1 per cent of human excreta is disposed of by sanitary means. Both the low access to potable water and to sanitary means of excreta disposal increase the workload of women.

15. Some 85 per cent of the population are illiterate, with approximately 10 per cent of women and 20 per cent of men literate. The inherited education system has low efficiency, poor quality and low student achievement. Many schools lack professional staff, equipment, supplies and teaching materials, and 84 per cent of the schools are in a state of disrepair.

16. There has been an upsurge in the demand for basic education since independence, raising the gross enrolment ratio to 42 per cent, including many children who are older than normal school age. However, there are sharp regional and gender disparities. The lowlands have lower numbers of schools, teachers and enrolment rates as compared with the rest of the country. Girls are significantly underrepresented in these schools, comprising only about one fourth of students, and have higher repetition and drop-out rates. The increase in demand for basic education favours boys, leading to lower enrolment of girls.

17. The number of children in especially difficult circumstances is difficult to estimate. At independence there were about 90,000 orphans, at least 10,000 of whom had lost both parents. There are nearly 7,000 children with disabilities, of whom only 3 per cent are receiving rehabilitative services. About 5,000 street children live and work in urban centres. There is an unknown number of abused and traumatized children.

18. The Government endorsed the Declaration and Plan of Action of the World Summit for Children on 30 September 1993 and ratified the Convention on the Rights of the Child on 4 August 1994. A national programme of action (NPA) for children will be developed during 1995. A major challenge is to generate broad-based political, religious and cultural support for children's rights and services. Although the mass media is in its infancy, radio Dimse Affash was used to mobilize support during the struggle for liberation and could become a major medium for mobilizing communities for child survival, development and protection. Television viewership reaches policy-makers and decision makers who reside mainly in urban areas. The dynamic popular and folk media, including local theatre, poetry, art and music, have been largely untapped, as have ex-combatants, youth in national service, religious groups and women's and youth organizations.

19. The Government intends to delegate significant legislative, executive and judicial powers, authority and responsibilities to the 10 provinces, 166 woredas (districts) and 2,000 villages. The village is run by a council (baito), which is elected from among the village members for a term of one year. At least

10 per cent of the elected seats in the governing councils must be set aside for women. This decree applies also to councils at woreda and provincial levels. Provinces oversee public enterprises, plan and implement projects and receive funds from local, national and external sources. However, the budget of most provinces comes from the central Government.

20. The country is likely to achieve at least 6 of the 10 mid-decade goals by the end of 1995, while the goals related to immunization will be achieved after 1995 but before the year 2000. The greatest challenge will be to reach the goals for universal access to safe water and facilities for safe excreta disposal, where the coverage is virtually nil. The challenge of achieving universal access to basic education is also substantial because of low utilization by girls and the low quality of primary education.

## II. PROGRAMME COOPERATION, 1994-1995

21. In 1994, the Executive Board approved a short-duration ("bridging") programme for Eritrea for 1994-1995 (E/ICEF/1994/P/L.19), with an allocation of $3,000,000 in general resources and $4,590,000 in supplementary funds. The bridging programme has made a significant contribution to the rehabilitation of service delivery systems and laid a solid foundation for sustainable basic services and for continued improvement in the overall situation of children and women. It formed a base upon which the proposed country programme will evolve to reinforce service delivery further, while also strengthening capacities for informed decision-making and influencing the changes in community behaviour that are vital to improving child survival, development and protection.

22. Although the commitment of the Government and communities enhanced programme delivery, the area-based programme, because of insufficient focus on capacity-building, failed to have a significant impact, except for minor support provided to Asmara City Council for environmental sanitation.

### Health and nutrition

23. As planned, the health and nutrition programme contributed to the reconstruction and rehabilitation of the health sector through the construction of six health stations and one health centre and the procurement of over 30 solar refrigerators for the cold-chain system of the Expanded Programme on Immunization (EPI). The programme also provided maternal and child health care, maternity and paediatric kits, essential drugs, vaccines and vaccination equipment. UNICEF assisted the training of health workers in integrated primary health care and provided logistical support.

24. The programme also supported 30 feeding centres serving some 50,000 mothers and children. The country's food processing factory was expanded through the procurement of equipment as well as the provision of mineral and vitamin mixes for use in food processing. UNICEF also helped to procure salt iodation equipment for three salt manufacturing works to accelerate achievement of universal salt iodation for both Eritrea and Ethiopia.

Water supply and sanitation

25. The water supply and environmental sanitation programme has contributed to increasing access to safe water in rural areas through the construction of 23 boreholes and the rehabilitation of five water points, covering nearly 5,000 households. The programme also helped to establish a database at the Water Resources Department through support to a national inventory of water points and a baseline survey of rural water supply and sanitation. UNICEF assistance for capacity-building included study tours to other countries with experience in the delivery of water supply and sanitation programmes, support for various workshops and training and provision of logistical support. Insufficient emphasis on hygiene education and sanitation was a constraint. Emergency services for Keren town provided safe water to over 30,000 people.

Education

26. UNICEF assistance concentrated on capacity-building for primary education through curriculum development, the production of textbooks and primers for adults, training of primary and pre-primary school teachers in pedagogy and psychological rehabilitation, and re-equipping of schools. UNICEF also supported the construction of four primary schools in the worst-off lowland provinces and study tours by key government staff to countries with innovative basic education programmes.

Programme support

27. This programme covered information and communication, capacity-building and UNICEF project staff costs, in addition to providing communication support for the Convention on the Rights of the Child and the promotion of the NPA.

Emergency preparedness

28. With donor assistance, UNICEF helped to reunite over 3,000 war orphans with family members and also helped to set up monitoring systems for the psychological and physical integration of these children into their extended families. UNICEF support for returning refugees included the provision of supplies for six health stations in resettlement areas. UNICEF also supported health and education services in districts where demobilized soldiers are being settled.

Lessons learned

29. There was insufficient attention to advocacy, social mobilization and programme communication as crucial components of service delivery. Thus, the expansion of services and infrastructure will have to be matched by a stronger focus on community empowerment, especially to educate and support families to increase their use of basic services.

30. The absence of a multisectoral framework for joint programming and monitoring of assistance by the Government and UNICEF contributed to a certain lack of overall vision, minimal cooperation across sectors and institutions and insufficient follow-up, analysis and assessment of interventions.

31. Strategies adopted to improve service delivery were highly centralized, supply-driven and sectoral in orientation. As a result, services were not well integrated or sufficiently cost-effective and systems to monitor their progress and impact were not developed fully. The new country programme will emphasize capacity-building and empowerment.

## III. RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1994-1995

Annual funding requirements

(In thousands of United States dollars)

| Current programme cycle | Approved general resources funding a/ | Additional funding proposed | | |
|---|---|---|---|---|
| | | 1994 | 1995 | Total |
| 1994-1995 | 3 000 | - | 600 | 600 |

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

32. The current bridging programme was approved by the Executive Board for 1994-1995, with a general resources allocation of $3,000,000. Because the planning level for 1994 was increased from $1,500,000 to $2,100,000 to accelerate implementation and facilitate achievement of mid-decade goals, additional general resources of $600,000 are required to complete the current approved programme activities.

## IV. RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $7,500,000
Supplementary funding: $25,850,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds | Total |
|---|---|---|---|
| Primary health care and nutrition | 1 925 | 12 250 | 14 175 |
| Education for development | 1 650 | 4 500 | 6 150 |
| Rural water supply and sanitation | 1 100 | 5 000 | 6 100 |
| Communication for development | 1 000 | 3 500 | 4 500 |
| National capacity-building | 1 825 | 600 | 2 425 |
| Total | 7 500 | 25 850 | 33 350 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme planning process

33. The country programme planning process was under the direction of the Government/UNICEF Programme Development and Monitoring Committee (PDMC), chaired by the Ministry of Finance and Development. The process started in March 1993 with the formation of an intersectoral technical working group for the preparation of the situation analysis. The group agreed on a conceptual framework and commissioned a task force from the Institute of Research and Development at the University of Asmara to prepare a draft situation analysis.

34. The draft situation analysis was reviewed at a technical workshop in November 1993 and updated for presentation to high-level government officials in December 1993. It became the basis for sectoral discussions on programme strategies at a PDMC meeting in May 1994. The PDMC met again in June 1994 to review draft programmes and projects, leading to a strategy/preview meeting held in Asmara on 15 July 1994. In December 1993, UNICEF supported a three-day gender analysis training course for government officials to enhance gender-sensitive programming.

35. Although the Government endorsed the Declaration and Plan of Action of the World Summit for Children in December 1993, the process of preparing an NPA will have to be deferred until 1995 to allow sufficient time for its formulation. When completed, the NPA will constitute the overall framework within which the

country programme will operate. It will be implemented by development organizations and will have a sub-national focus. The proposed country programme will constitute a significant part of the NPA as the Government is committed to pursuing the goals for children for the decade. Some work is already under way towards the development of the NPA and will provide the initial context for the country programme.

Country programme strategy and objectives

36. The proposed country programme objectives are: (a) to improve the coverage and quality of social services in the areas of health, education and water supply and sanitation, and to increase the attention to and care for children in especially difficult circumstances; (b) to build capacities of social sectors through enhanced social planning, systems development at national and sub-national levels, and participatory management; and (c) to empower institutions and communities, with special focus on children and women, particularly girls, persons with disabilities and other disadvantaged groups.

37. The country programme will serve as a catalyst and assist the Government and other development organizations in Eritrea to develop strategies and mobilize resources that will accelerate progress towards achievement of the goals for children. Nationwide, UNICEF assistance under this programme will contribute to reducing IMR by 16 per cent from 120 to 100 per 1,000 live births; reducing U5MR by 26 per cent from 204 to 150 per 1,000 live births; reducing MMR by 44 per cent from 710 to 400 per 100,000 live births; increasing the rate of primary education enrolment by 80 per cent from 42 to 75 per cent; reducing malnutrition among children under five years of age by 30 per cent; and ensuring that children's and women's rights are enshrined under Eritrean law.

38. The country programme will employ advocacy and social mobilization nationwide for improving the survival, development and protection of Eritrean children and women. UNICEF assistance for service delivery will focus on three provinces - Asmara, Seraye and Barka - which constitute about 40 per cent of the population and represent highland, lowland and urban areas. The experiences gained in these provinces should be replicable in other provinces. UNICEF cooperation will promote the ability of Eritrean families to analyse and take actions on their own priority problems, as well as make better use of available public services and local resources. One of the three provinces will resettle the majority of returning refugees, with assistance from UNICEF.

39. The country programme will have a mix of strategies. About one third of UNICEF resources will support strategies for service delivery, almost one half of the resources will support capacity-building and the remainder will be used for community empowerment activities. This represents a shift from an approach based predominantly on service delivery to a more balanced approach that will help families make better use of services through mobilization for participation, upgrading the quality of services and building capacity to extend services to unreached, vulnerable groups.

40. Specific strategies will include the empowerment of women through education and skills training. Strengthening the capacity of the Government and other development partners to cope with emergencies is necessary so that emergencies

do not become impediments to social and economic progress. This would entail increasing capacity for early warning, responding in a timely and appropriate manner and transforming the aftermath of disasters into rehabilitation and sustainable development.

41. As most child survival and development indicators are low, the country programme will combine the building of systems for the expansion of basic services with growing public momentum to achieve the goals for the decade through the forthcoming NPA. Priorities for the NPA will include universal child immunization, oral rehydration therapy, control of micro-nutrient deficiencies, girls' education, service expansion, hygiene education for rural sanitation and water supply, and family reunification for orphans. UNICEF cooperation will be cost-effective and complement that of other donors. A flexible programming approach will promote national capacity to respond as more accurate data and information become available from research, evaluations and monitoring activities.

Primary health care and nutrition

42. The objectives under primary health care and nutrition include: (a) reducing deaths from vaccine-preventable diseases by 70 per cent; (b) reducing deaths caused by diarrhoea by 50 per cent; (c) reducing malaria-related deaths by 30 per cent; (d) reducing the prevalence of low-birth-weight babies to 10 per cent; (e) reducing moderate malnutrition by 30 per cent; (f) eliminating vitamin A deficiency; (g) eliminating iodine deficiency disorders; (h) reducing maternal malnutrition by 25 per cent; (i) reducing the prevalence of nutritional anaemia by 50 per cent; (j) increasing antenatal care coverage to 50 per cent; and (k) increasing the availability of safe birth services. The programme will build systems at national and sub-national levels to strengthen service delivery and monitor progress towards these objectives.

43. Improving vaccination coverage will be a major challenge as current levels are below 20 per cent. UNICEF will provide vaccines, vaccination and cold-chain equipment and other logistical support; support training of health workers; promote information, education and communication; and support capacity-building for monitoring and evaluation. As vaccination levels increase, the capacity of community surveillance systems will be increased by promoting communities' abilities to identify cases of vaccine-preventable diseases. Community participation in disease monitoring will be a step towards the elimination and eradication of such diseases as neonatal tetanus and polio.

44. A cost-effective approach will be to strengthen the skills of health workers through an integrated approach to managing the care of sick children. Improved case management for diarrhoeal diseases, acute respiratory infections and malaria will be delivered as a package through the training of extension workers. Essential supplies for these workers will be provided through health facilities, as will training and mobilization for families and communities.

45. An intersectoral task force on safe motherhood will help to reduce MMR by improving reproductive health education services. Various media and non-governmental organizations will help to raise awareness of the problems of

women and girls and empower them to take greater control of their reproductive health through knowledge of indicators of risks and steps to be taken. Training in interpersonal communication will help health workers to be more effective in transmitting information to women and girls. To promote safe deliveries, UNICEF will provide training and supplies to health facilities and traditional birth attendants.

46. Protein-energy malnutrition will be addressed through enhanced nutrition education, interpersonal communication, growth monitoring and increased use of nutrition surveillance as a tool for decision-making at national and sub-national (province and community) levels. As part of EPI Plus, UNICEF will provide supplies and equipment, including weighing scales, vitamin A capsules, iron and folic acid, and also support policy development for surveillance systems. Universal salt iodation will lead to the elimination of iodine deficiency disorders and will be combined with information and communication, monitoring and impact studies to track progress.

47. A community health services project will promote ownership of both health and nutrition activities by communities and families through resident extension workers, and also promote labour-saving technologies and build appropriate sub-national systems for monitoring, communication and referral. UNICEF will assist community mobilization and operations research, support the training of facilitators, trainers and community health workers and disseminate information on labour-saving technologies.

48. Supplementary funding for this programme will be directed towards training, community mobilization, operational research on health and nutritional status, provision of health equipment and supplies, including vaccines and vitamin supplements, and project support.

Education for development

49. The objectives of this programme are to increase learning achievement in life skills among primary school students (ages 7-13 years) in both formal and non-formal systems; increase access to primary education for school-age children, with emphasis on girls; and demonstrate feasible approaches to primary education for girls involving greater access, retention and learning.

50. Education for girls will be enhanced by increasing access to and the quality of basic education. UNICEF will support the establishment of community schools as a way of bringing primary schooling closer to children and of promoting flexible and adaptable methods of instruction that complement formal primary education. These activities will support effective community participation, management and supervision; the development of national capacity to manage community schools; a continuous process of learning based on research, monitoring and evaluation; the use of community schools for broader-based development; and replication of the approach nationwide. UNICEF will assist the Government in exploring options for the provision of such services as water and sanitation facilities in or near schools, building links with health services and initiating income-generating activities as the basis for greater community education and development. UNICEF will also support the development of

materials and of a system for learning assessment, as well as advocate community schooling for girls' education.

51. The project on educational quality will centre on improving primary school curricula by including life skills and through strengthened school management. The content of the current curriculum will be assessed and life skills will be defined in the Eritrean context, followed by the development of materials and teacher training. School management will be strengthened through (a) promoting the role of head teachers in school management; (b) raising their quality through the establishment of minimum educational standards; (c) improving incentives for professional development and initiative; and (d) enhancing community accountability for school performance.

52. Supplementary funding for this programme will be targeted towards the education of the girl child, community schooling, curriculum development, training of programme managers and technical assistance in areas where national expertise is weak or non-existent.

Rural water supply and sanitation

53. This programme aims to raise coverage of safe drinking-water supply from 7 to 14 per cent.

54. The project for sanitation, hygiene education and water supply for health will increase to 33 per cent the use of safe drinking-water and locally appropriate sanitary facilities in two rural provinces. Activities will (a) promote the development of a sectoral framework with appropriate policies and procedures; (b) build the planning, programming and management capacity of key sectoral institutions; (c) establish effective monitoring systems; (d) generate greater demand for sanitation facilities; (e) promote better hygiene and environmental sanitation as an integral element of water supply; (f) establish efficient water supply maintenance systems; (g) emphasize the role of women in hygiene and environmental sanitation activities; (h) use research to improve technologies; and (i) manage service provision in the context of environmental sustainability. UNICEF will help to develop policies and procedures for building the capacity of the Water Resources Department and the Sanitation Unit of the Ministry of Health, as well as provide assistance for community participation, construction and rehabilitation of water points, school-based programmes for health and hygiene and the development and promotion of technology.

55. The project on mobilization for a healthier community will focus mainly on participatory hygiene education for sanitation. Implementation will be based on operations research concerning the knowledge, attitudes and practices of Eritrean communities. In addition to advocacy work, UNICEF will support experience exchanges with other developing countries, the development and production of appropriate materials, training for communication and education and mobilization of allies for improved hygiene and health.

56. This programme will require supplementary funding for training, provision of equipment and supplies, support for constructing and rehabilitating boreholes and latrines, and assistance for hand-pump maintenance.

Communication for development

57. Communication for development will (a) promote support for the Convention on the Rights of the Child and the goals of the forthcoming NPA by all political, religious and cultural groups; (b) help to reduce the incidence of sexually transmitted diseases by one fifth; (c) reduce the number and burdens of children in especially difficult circumstances; and (d) educate the public about all forms of discrimination against women, including such harmful traditional practices as female genital mutilation. The programme consists of advocacy and social mobilization; HIV/AIDS prevention; and services for children in especially difficult circumstances.

58. Advocacy will enhance all programmes and projects and serve as a catalyst for the implementation of the NPA and the Convention. Programme communication and applied research will be carried out to develop appropriate materials and identify channels as well as train key partners in mobilization and training methodologies.

59. The HIV/AIDS prevention project will aim to reduce by one fifth the prevalence of sexually transmitted diseases among adolescents through correct information, services and referral. UNICEF will (a) support the Ministry of Education in developing and producing relevant education materials for primary, secondary and tertiary schools; (b) help non-governmental organizations to improve their capacities for communication on the prevention of sexually transmitted diseases; (c) support the creation of an enabling environment for youth by working with parents, local non-governmental organizations and the media; (d) target school-aged youth more effectively to reduce the spread of HIV/AIDS; and (e) explore opportunities for integrated family planning and sexually transmitted diseases services for young people.

60. The project for children in especially difficult circumstances will build the capacity of families, communities, non-governmental organizations and the Government to promote prevention and rehabilitation of such children and strengthen initiatives for the reunification of war orphans with family members. The project will increase public awareness of the situation of children child rights and the legal penalties applicable to those who neglect or abuse children, and will support children with disabilities and street children. Activities will cover (a) advocacy for implementation of the Convention; (b) intersectoral coordination to enhance preventive and rehabilitative measures; (c) reinforcement of the extended family system; (d) building the capacity of the Social Affairs Authority to develop, monitor and implement programmes for children; (e) identifying cost-effective interventions for rehabilitation and reintegration of children into communities; and (f) involving children themselves as their own advocates.

61. Supplementary funding for this programme is intended to support advocacy, mobilization and communication on children's and women's issues, training of programme managers, continued family support for orphans and project support, particularly the recruitment of an international project officer and a United Nations Volunteer to provide the requisite experience and expertise in an area where national capacity is inadequate.

National capacity-building

62. UNICEF assistance to social policy and planning will help with the formulation of goals and strategies for accelerated human development and the strengthening of multisectoral collaboration in monitoring and planning. UNICEF will assist in the development and monitoring of the NPA; the preparation of a policy on household food security and nutrition; capacity-building for social planning and monitoring at the provincial level; and the publication and dissemination of research on issues affecting children and women.

63. UNICEF cooperation will (a) strengthen key elements of a national monitoring framework for social indicators; and (b) develop and sustain a framework for planning, monitoring and evaluating the government/UNICEF programme of cooperation. UNICEF will support establishment of sentinel sites for community surveillance, the development of a process for monitoring and evaluating the country programme and the establishment of a framework for monitoring and periodic evaluations. Particular attention will be paid to the disaggregation of databases by gender, age, rural or urban residency and national or sub-national status.

64. Supplementary funding is being requested for activities aimed at improving monitoring of social indicators, assisting policy development and strengthening sub-national institutional capacity for effective decentralization.

Cooperation with United Nations and other agencies

65. The proposed country programme will run concurrently with the programmes of other United Nations agencies operating in Eritrea, which also have been involved in the formulation of the programme. UNICEF will collaborate with the United Nations Population Fund (UNFPA) in promoting women's health and in addressing the challenge of the HIV/AIDS epidemic. UNICEF will collaborate with the World Health Organization (WHO) on all health programmes and with the United Nations Development Programme (UNDP) in supporting initiatives for sustainable human development, pursuing the goals for children for the decade and strengthening national capacity for social policy planning and monitoring. Collaboration with the World Food Programme (WFP) will consist mainly of enhancing emergency-preparedness and relief programmes for the most vulnerable population groups. UNICEF will continue to work with the Office of the United Nations High Commissioner for Refugees (UNHCR) on the repatriation and resettlement of refugees.

66. UNICEF will explore cooperative initiatives for social sector development with the World Bank and the African Development Bank, particularly in the areas of education, health and water supply and sanitation. Coordination with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and UNDP will support basic education. Consultations on the formulation of a country strategy note are under way between the United Nations system and the Government.

67. Close cooperation will continue to be developed with the Government of Italy and the United States Agency for International Development (USAID), particularly in the health sector, with Redd Barna and Redda Barnen in promoting

the Convention on the Rights of the Child and supporting children in especially difficult circumstances (particularly war orphans), with the Catholic Secretariat in water supply and sanitation and the British Council in education.

Monitoring and evaluation

68. All NPA indicators will be incorporated into monitoring and evaluation activities. Monitoring indicators will be classified by three categories: input indicators such as annual budgetary allocations and actual expenditures; indicators of effectiveness and/or outcomes such as service coverage and utilization, beneficiary participation in decision-making processes, process improvements and operational capability of key institutions; and impact indicators such as mortality rates.

69. Monitoring will be strengthened through sub-national systems with the participation of ministries and provincial administrations. This focus will support the government policy of decentralization, which is critical to the implementation of both the country programme and the NPA. The establishment of sentinel community surveillance at provincial levels will be a new approach.

70. An integrated monitoring and evaluation plan will support both the NPA and the proposed country programme. The plan will draw on relevant studies and evaluations by other partners and departments. Annual reviews of the country programme under the auspices of the PDMC will form the basis for the formulation of annual project plans of action and corresponding budgets. Field visits will be undertaken frequently to ensure monitoring of project progress and to promote intersectoral coordination. A mid-term review of the programmes will be undertaken in 1998 to assess the efficacy of the country programme strategy.

Programme management

71. The Ministry of Finance and Development will be responsible for the overall coordination of implementation by the Government and will ensure that donor inputs are organized to promote complementarity and maximal impact. Project managers will be designated by ministries and relevant provincial administrations to oversee and ensure adequate coordination, proper utilization of and accounting for funds.

72. UNICEF will contribute material, financial and technical assistance to each programme, monitor the utilization of inputs and prepare the necessary supporting documents for donor Governments or non-governmental organizations. The increased emphasis on local capacity-building, monitoring, evaluation, advocacy and social mobilization requires increased levels of management, professional oversight and input.

Table 1. Basic statistics on children and women

| Eritrea | (1992 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 204 | (1993) | Very high U5MR |
| Infant mortality rate | 120 | (1993) | Very high IMR |
| GNP per capita | $ 110 | (1992) | Low-income GNP |
| Total population | 3.4 million | (1993) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1993 |
|---|---|---|---|---|---|
| Births | (thousands) | .. | .. | .. | 146 |
| Infant deaths (under 1) | (thousands) | .. | .. | .. | 18 |
| Under-five deaths | (thousands) | .. | .. | .. | 30 |
| Under-five mortality rate (per 1,000 live births) | | .. | .. | .. | 204 |
| Infant mortality rate (under 1) (per 1,000 live births) | | .. | .. | .. | 120 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age) | Moderate & severe | .. | .. |
| | Severe | .. | .. |
| Babies with low birth weight (%) | | .. | .. |
| Primary school children reaching grade 5 (%) | | .. | .. |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%) | .. | .. |
| Timely complementary feeding rate (6-9 mos.) (%) | .. | .. |
| Continued breast-feeding rate (20-23 mos.) (%) | .. | .. |
| Prevalence of wasting (0-59 mos.) (%) | .. | .. |
| Prevalence of stunting (0-59 mos.) (%) | .. | .. |
| Daily per capita calorie supply (% of requirements) | .. | .. |
| Total goitre rate | .. | .. |
| Household expenditure (% of total income) — All food/cereals | .. | .. / .. |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%) | | .. | .. |
| Access to health services (% of population) | Total | .. | .. |
| | Urban/rural | .. / .. | .. / .. |
| Access to safe water (% of population) | Total | .. | .. |
| | Urban/rural | .. / .. | .. / .. |
| Access to adequate sanitation (% of population) | Total | .. | .. |
| | Urban/rural | .. / .. | .. / .. |
| Births attended by trained personnel (%) | | | .. |
| Maternal mortality rate (per 100,000 live births) | | .. | .. |

| Immunization | | 1981 | 1985 | 1990 | 1993 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | .. | .. | .. | 37 |
| | DPT | .. | .. | .. | 28 |
| | Polio | .. | .. | .. | 28 |
| | Measles | .. | .. | .. | 23 |
| Pregnant women (%) immunized against: | Tetanus | .. | .. | .. | 4 |

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%) | Total | .. / .. | .. / .. |
| | Male | .. / .. | .. / .. |
| | Female | .. / .. | .. / .. |
| Secondary enrolment ratio (gross/net) (%) | Total | .. / .. | .. / .. |
| | Male | .. / .. | .. / .. |
| | Female | .. / .. | .. / .. |
| Adult literacy rate, 15 years & older (%) | Total | .. | .. |
| | Male/female | .. / .. | .. / .. |
| Radio/television sets (per 1,000 population) | | .. / .. | .. / .. |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1993 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | .. | .. | 3139 | 3400 | 4099 |
| Population aged 0-15 years | (thousands) | .. | .. | 1518 | 1617 | 1897 |
| Population aged 0-4 years | (thousands) | .. | .. | 584 | 591 | 703 |
| Urban population (% of total) | | .. | .. | .. | .. | .. |
| Life expectancy at birth (years) | Total | .. | .. | .. | 47 | 49 |
| | Male | .. | .. | .. | 46 | 47 |
| | Female | .. | .. | .. | 49 | 51 |
| Total fertility rate | | .. | .. | 5.8 | 5.8 | 5.8 |
| Crude birth rate (per 1,000 population) | | .. | .. | .. | 42 | 44 |
| Crude death rate (per 1,000 population) | | .. | .. | .. | 16 | 15 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%) | | .. | .. |
| Population annual growth rate (%) | Total | .. | .. |
| | Urban | .. | .. |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%) | | .. | .. |
| Inflation rate (%) | | .. | .. |
| Population in absolute poverty (%) | Urban/rural | .. / .. | .. / .. |
| Household income share (%) | Top 20%/bottom 40% | .. / .. | .. / .. |
| Government expenditure (% of total expenditure) | Health/education | .. / .. | .. / .. |
| | Defence | .. | .. |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | .. / .. | .. / .. |
| Official development assistance: (1981/1992) | $US millions | .. | .. |
| | As % of GNP | .. | .. |
| Debt service (% of goods and services exports) | | .. | .. |

Table 2. Expenditure under the previous cooperation period, 1994-1995 a/

COUNTRY: ERITREA
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $3 000 000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources | | SF | | Total (GR & SF) | |
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 37 | 58 | 20 | | | | 132 | 667 | 189 | 700 | 725 | 2 900 | 914 | 3 600 |
| Nutrition | 1 | 1 | 4 | | | | 30 | 5 | 35 | 200 | 6 | 1 200 | 41 | 1 400 |
| Water supply and sanitation | 10 | 21 | 3 | | | | 53 | 195 | 66 | 400 | 216 | 1 050 | 282 | 1 450 |
| Education | 7 | 15 | | 6 | | | 109 | 485 | 116 | 400 | 506 | 900 | 622 | 1 300 |
| Children in especially difficult circumstances | | | | | | | | 1 | | 100 | 1 | 450 | 1 | 550 |
| Programme support | 136 | | 44 | | | | 184 | | 364 | 950 | | | 364 | 950 |
| Emergency | 1 | 209 | | 16 | | | 1 | 1 648 | 2 | 100 | 1 873 | | 1 875 | 100 |
| Area-based development | | | | | | | | | | 150 | | 690 | | 840 |
| GRAND TOTAL | 192 | 304 | 71 | 22 | | | 509 | 3 001 | 772 | 3 000 | 3 327 | 7 190 | 4 099 | 10 190 |

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

../..

Table 3. Planned expenditure, 1996-2000

(In thousands of United States dollars)

| **Country: ERITREA**<br>**Period covered: 1996 - 2000** | **Funding status** | **1996** | **1997** | **1998** | **1999** | **2000** | **Total** |
|---|---|---|---|---|---|---|---|
| Primary health care and nutrition | GR | 385 | 385 | 385 | 385 | 385 | 1 925 |
| | NSF | 2 450 | 2 450 | 2 450 | 2 450 | 2 450 | 12 250 |
| Education for development | GR | 330 | 330 | 330 | 330 | 330 | 1 650 |
| | NSF | 900 | 900 | 900 | 900 | 900 | 4 500 |
| Rural sanitation and water supply | GR | 220 | 220 | 220 | 220 | 220 | 1 100 |
| | NSF | 1 000 | 1 000 | 1 000 | 1 000 | 1 000 | 5 000 |
| Communication for development | GR | 200 | 200 | 200 | 200 | 200 | 1 000 |
| | NSF | 700 | 700 | 700 | 700 | 700 | 3 500 |
| National capacity building | GR | 365 | 365 | 365 | 365 | 365 | 1 825 |
| | NSF | 120 | 120 | 120 | 120 | 120 | 600 |
| **TOTAL** | GR | 1 500 | 1 500 | 1 500 | 1 500 | 1 500 | 7 500 |
| | NSF | 5 170 | 5 170 | 5 170 | 5 170 | 5 170 | 25 850 |
| **GRAND TOTAL** | | 6 670 | 6 670 | 6 670 | 6 670 | 6 670 | 33 350 |

GR – General resources.
NSF – New programmes for supplementary funding.

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Executive Board
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20-23 March 1995

FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Madagascar

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Madagascar for the period 1996 to 2000 in the amount of $15,900,000 from general resources, subject to the availability of funds, and $44,100,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $165,000 to fund the approved country programme for the period 1990 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

CONTENTS

| | Page |
|---|---|
| THE SITUATION OF CHILDREN AND WOMEN | 2 |
| PROGRAMME COOPERATION, 1990-1995 | 4 |
| RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1990-1995 | 6 |
| RECOMMENDED PROGRAMME COOPERATION, 1996-2000 | 7 |

List of tables

| | | |
|---|---|---|
| 1. | Basic statistics on children and women | 12 |
| 2. | Expenditure under previous cooperation period, 1990-1995 | 14 |
| 3. | Planned expenditure, 1996-2000 | 15 |
| Annex. | LIST OF STUDIES AND EVALUATIONS, 1993-1994 | 16 |

*In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1)

## THE SITUATION OF CHILDREN AND WOMEN

1. With a per capita gross national product of $230, the people of Madagascar are 50 per cent poorer today than 20 years ago. Forty-seven per cent of the 13.3 million inhabitants live in poverty.

2. The growth of the economy has averaged 2.2 per cent a year for the last 20 years and is less than the population growth rate of 2.7 per cent. The country's development is seriously compromised by an official debt burden of over $4 billion and debt servicing represents, on average, 80 per cent of export earnings. The following structural adjustment measures have been adopted: floating of the Malagasy currency, which is equivalent to a devaluation of 75 per cent; privatization; withdrawal of the State from production activities; and the gradual liberalization of markets. Such measures have caused significant price increases for basic goods and the deterioration of basic services.

3. The government policy of free access to health and education services resulted in significant improvement in coverage, with 2,500 health centres and more than 11,000 public primary schools. Higher coverages, in turn, brought about slight decreases in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) during the 1980s and the achievement of universal access to primary education. However, cuts in social sector budgets due to structural adjustment measures in the late 1980s have eroded the system of public social services in the 1990s.

4. In 1993, IMR and U5MR were 100 and 164 per 1,000 live births, respectively, the same as in 1990. These rates are worse in rural than in urban areas. The maternal mortality rate (MMR) was 570 per 100,000 live births in 1988. The nutritional status of Malagasy children and women is precarious. The rate of moderately and severely underweight children under the age of five years has increased between 1984 and 1992 from 33 to 39 per cent. The main causes of child mortality are malaria, acute respiratory infections (ARI) and diarrhoea, which together account for nearly 60 per cent of U5MR. With an oral rehydration therapy (ORT) usage rate of only 29 per cent, diarrhoea remains a major cause of under-five mortality. The increase in child immunization coverage since 1981 has reduced the incidence of expanded programme on immunization (EPI) diseases. Even with immunization coverage of only 52 per cent, measles no longer appears to be a major cause of infant mortality and morbidity. In 1994, 19 suspected cases of poliomyelitis were detected, as compared to 40 in 1990. However, there has been a reduction in the number of pregnant women immunized against tetanus from 60 per cent in 1990 to 16 per cent in 1993. The major immediate causes of maternal mortality are complications of pregnancy and delivery, including abortion and post-partum haemorrhages. The underlying factors are early and short-spaced pregnancies due to insufficient family planning and the inability of the health system to prevent and detect complications of pregnancy and delivery. There have been 45 cases of persons who have tested positive for the human immunodeficiency virus (HIV), of which 4 are full-blown cases of acquired immune deficiency syndrome (AIDS). With a reported prevalence of sexually transmitted diseases (STDs) as high as 30 per cent among pregnant women and the inadequacy of blood transfusion safety measures, there is a potential risk of expansion of the HIV epidemic.

5. Poor utilization of health services is one significant reason for the poor health status of children and women. Although 65 per cent of the population live within five kilometres of a health centre, only 30 per cent of health centres are actually functional. The lack of drugs, dilapidated infrastructure, high service costs, poor management and limited motivation and competence of the health personnel contribute to a substandard quality of services. Most of these factors are due to insufficient funds for the health sector, less than 2 per cent of the national budget in 1994. In addition, 70 per cent of the

health budget is allocated to salaries and 20 per cent for other recurrent costs in hospitals.

6. The prevalence of stunting, which is among the highest in Africa, is 51 per cent of children under the age of five years. Breast-feeding prevalence is estimated at 97 per cent, but only 45 per cent of newborns are breast-fed from the first day and only 6 per cent within the first hour. Child growth faltering among young children occurs between 5 and 12 months of age owing to a combination of recurrent infections and poor weaning practices. More than 9 million people live in iodine deficient areas and the goitre rate varies between 35 and 67 per cent according to data from sentinel sites. Recent surveys estimate night-blindness - a sign of vitamin A deficiency - at about 3 per cent among children under five years old. Iron deficiency anaemia is one of the five main causes of morbidity among pregnant women. Around 35 per cent of households face food insecurity owing to declining purchasing power, rising costs of basic food commodities, low productivity of traditional agricultural practices, poor marketing and inadequate transport.

7. Access to safe drinking water has increased slightly between 1980 and 1991 from 20 to 23 per cent. However, there has been a significant reduction in access in urban areas from 80 per cent in 1980 to 55 per cent in 1991; 9 per cent of the rural population have access to safe drinking water. In 1991, 3 per cent of households had access to sanitary means of excreta disposal. The lack of effective policies, as well as insufficient empowerment of communities, has led to a gradual but steady decline in the maintenance of facilities. Soil erosion reduces the area of cultivatable land and leads to the silting of slopes and lowlands. Bush fires and deforestation deplete the green cover that facilitates water percolation and, therefore, limits the availability of water in aquifers.

8. Between 1980 and 1990, gross primary school enrolment declined from 142 to 92 per cent; net enrolment is about 65 per cent. Available data suggest that the adult literacy rate of 80 per cent in 1990 has diminished to 60 per cent nationwide and only 40 per cent in rural areas. The importance of maternal education as a child survival strategy is supported by the results of a recent national survey: a child whose mother has received no education is three times more likely to die before the age of five years than a child whose mother has completed secondary education or more. However, at the primary school level, completion rates are around 45 per cent. Among the main causes of low completion are inadequate curriculum, lack of classroom equipment, inappropriate basic education policies and lack of decentralized management. Furthermore, the coverage of informal educational systems is not sufficiently synchronized with the number of children who drop out of the formal system. However, no significant gender disparity exists at the primary school level. Moreover, girls generally obtain better examination results than boys. Literacy programmes have been affected negatively by policy changes, inappropriate pedagogy and administrative breakdowns during the recent political transition. Hence, adult illiteracy is probably on the rise from its estimated level of 40 per cent.

9. The number of children in especially difficult circumstances is troubling. Some of these children, including those who suffer from physical or mental handicaps, work in the informal sector and live on the streets. Several thousand girls work as prostitutes in the main cities. Young children from poor families are increasingly trapped into labour which is associated with severe exploitation, the absence of social protection and high health and nutritional risks. As a positive development, the Convention on the Rights of the Child was ratified by the Parliament in 1990, and Madagascar is one of the few countries reporting annually on its implementation. However, the lack of policies on the prevention of children in especially difficult circumstances puts children at risk and in need of strong social protection services.

10. Officially, women are regarded as equal to men, but their actual social and legal status often leaves them in virtual subjugation. Tradition and custom are largely opposed to the equality of women, to their participation in decision-making and to recognition of their economic roles.

11. With more than 500 non-governmental organizations (NGOs) and associations in the capital city alone and a nationwide network of religious organizations, Malagasy society plays an important role in social services delivery. However, the catalytic role of NGOs in promoting and sustaining social progress may be hindered by slow implementation of government decentralization policies.

12. In 1992, Madagascar established a constitution which sets forth democracy and liberalism as the basis for the legitimacy of the State. In 1993, a government programme was adopted which sets, among its priorities, a more equitable redistribution of economic growth and poverty alleviation. In 1994, with the assistance of UNICEF, the National Plan of Action for Social Recovery was launched. The National Plan of Action endeavours to combat poverty through the establishment of safety nets and structural changes in the management and coverage of basic social services, mainly for children and women. Strongly endorsing the goals of the World Summit for Children, it is meant to cushion against structural adjustment measures and aims at mobilizing an additional $600 million for the achievement of the decade goals for children.

13. Unfortunately, Madagascar is often confronted with emergency situations caused by cyclones, floods or droughts. Such cyclical emergencies seriously disrupt basic social services and jeopardize investments in the social sectors.

## PROGRAMME COOPERATION, 1990-1995

14. As a result of the political instability of the early 1990s and its negative impact on programme implementation, the 1993 mid-term review proposed a bridging programme for the period mid-1994-1995 (E/ICEF/1994/P/L.19), as a link between the 1990-1994 and the 1996-2000 country programmes. This short-duration programme aimed at supporting strategies and activities required to achieve the mid-decade goals for children.

### Health

15. A new orientation for primary health care (PHC) activities has been gradually introduced in the programme. In 1993, the adoption of Fahasalamana Iraisam Bahoaka (Bamako Initiative) as a strategy made the ideal of community-based, integrated PHC services a reality. The cooperation has provided an opportunity to start the new approach, with support of other donors and NGOs.

### Nutrition

16. UNICEF has assisted with the identification of nutritional problems and the strengthening of national capacities for management and monitoring. Approximately 700 health and agricultural workers received training in nutrition, including for the Baby-Friendly Hospital Initiative (BFHI) and the control of iodine deficiency disorders (IDD). Activities to alleviate malnutrition and household food insecurity were gradually expanded to locations where PHC and integrated area-based projects were implemented. Beginning in 1987, a pilot project on nutrition education, linked with agricultural production activities, covered the Fénerive-Est region. The aim was to improve the nutritional status of children and introduce new crops. Health and nutrition education were incorporated into the school curriculum and pedagogical materials and supplies were produced.

Education

17. UNICEF assisted the Ministry of Population with early childhood development activities through the training of NGO personnel and provided equipment for adult literacy centres.

Area-based activities

18. An area-based programme was developed in the south-east. Using a strategy for community participation, the programme promoted agricultural activities for increasing family income and food security. Activities included the establishment of irrigated areas, nutritional recuperation centres and village wells, and the rehabilitation of health infrastructures. Some 150 wells were drilled.

19. UNICEF supported urban day-care centres which offered educational and pre-vocational training activities for young children and teenagers in difficult circumstances and facilitated their enrolment in school. UNICEF also supported improvement of sanitation facilities in Antananarivo. Activities involved partnerships with NGOs and community associations.

Social mobilization

20. The main social mobilization and communication themes centred around EPI, the Convention on the Rights of the Child, promotion of the Bamako Initiative to revitalize the PHC network and protection of the environment. Communication techniques for programmes are not well known in the country. Moreover, the vertical organization of the social mobilization programme has hindered the integration of information, education and communication (IEC) activities into sectoral programmes. Communication support was not sufficiently adapted to local socio-cultural situations, nor was it sufficiently geared towards community empowerment.

Emergencies

21. Since 1986, UNICEF has assisted with six emergency situations, such as cyclones, droughts, flooding, civil disturbances and wide-scale food poisoning. Much remains to be done to strengthen emergency preparedness and coordination of post-emergency rehabilitation services.

Cooperation with partners

22. The main donors of supplementary funds have been the Government of the United States, Rotary International and the Canadian, German, Finnish, French and Netherlands National Committees for UNICEF. In collaboration with the Netherlands National Committee for UNICEF, the Central Bank of Madagascar and ING Bank, part of the country's commercial debt was converted to supplementary funding. Thus, $8 million (in local currency equivalent) has been made available for programme activities, including emergency relief and rehabilitation operations. Collaboration with the World Bank has accelerated progress towards universal salt iodization.

Lessons learned

23. A number of lessons emerged from the cooperation. There should be a stronger linkage between programmes so as to prevent excessive vertical organization of programmes and projects. Objectives were not sufficiently quantified. There is also a need for more measurable social impact of the area-based programme. Insufficient programme support was given to major requirements such as water supply and sanitation, children in especially difficult circumstances, planning, monitoring and evaluation. More

cost-effective social mobilization activities are required. Support to women in development activities should be planned more systematically and integrated into the programme of cooperation.

24. The following will continue to be used in the new country programme: (a) the adoption of cross-cutting as well as sectoral strategies; (b) the formulation of quantified and time-bound targets; (c) an integrated monitoring and evaluation plan; (d) a greater involvement of communities in project design, management and implementation; and (e) more rigorous coordination of UNICEF assistance with other donors, United Nations agencies and NGOs.

25. In August 1993, the government health policy established a PHC centre in every village, with curative, preventive and promotional services, including EPI and ORT. This policy initiative reflects growing political stability, strengthening of democratic institutions and decentralization of public administration. The provision for more responsive PHC offers an opportunity to improve implementation of future cooperation.

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1990-1995

Annual funding requirements

(In thousands of United Sates dollars)

| Current programme cycle | Approved general resources funding a/ | Additional funding proposed 1995 | Total |
|---|---|---|---|
| 1990-1995 | 4 322 | 165 | 165 |

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

26. In 1994, the Executive Board approved a short-duration ("bridging") programme for the period mid-1994-1995 in the amount of $4,322,000 from general resources and $7,400,000 in supplementary funding (E/ICEF/1994/P/L.19). Additional general resources were provided for achievement of the mid-decade goals for EPI, ORT and vitamin A deficiency. Therefore, additional general resources are requested in the amount of $165,000 to meet the approved level for 1995. This amount will be distributed mainly among the various projects within the health programme in order to accelerate progress towards achievement of the mid-decade goals.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources : $15,900,000
Supplementary funding: $44,100,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 4 900 | 14 730 | 19 630 |
| Nutrition | 1 500 | 3 500 | 5 000 |
| Education for all | 2 700 | 10 900 | 13 600 |
| Water supply, sanitation and environment | 2 000 | 7 500 | 9 500 |
| Children in especially difficult circumstances | 1 250 | 3 250 | 4 500 |
| Information and communication | 1 000 | 2 970 | 3 970 |
| Planning and social statistics | 2 550 | 1 250 | 3 800 |
| Total | 15 900 | 44 100 | 60 000 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme planning process

27. Government agencies, donors and NGOs have collaborated at each stage of the programming process, including milestone meetings devoted to the analysis of the situation of children and women, the development of a country programme strategy and the review of proposed programme plans of operations. Strategies to contribute to the achievement of the decade goals, as expressed in the National Plan of Action for Social Recovery, have been formulated and drew on the recommendations of the multi-donor evaluation of UNICEF as well as on the country's development priorities. Other national initiatives, the National Programme of Action for the Environment and the National Nutrition Plan of Action, also provided important references for the proposed cooperation.

Goals, objectives and strategies

28. The long-term goal of the country programme is the effective implementation of the Convention on the Rights of the Child. Madagascar's pursuit of economic and social recovery has a major impact on the country programme. In this context, the objectives are threefold. First, the cooperation will facilitate achievement of the goals of the World Summit for Children, as endorsed by the National Plan of Action for Social Recovery. These include (a) to reduce IMR by 24 per cent to 76 per 1,000 live births and U5MR by 32 per cent to 111 per 1,000

live births; (b) to reduce MMR by 50 per cent to 285 per 100,000 live births; and (c) to reduce severe and moderate malnutrition among children under five years old by one half to 20 per cent. Second, the cooperation will help to revitalize basic services through policy and institutional development, capacity-building, service delivery and community empowerment activities. For example, the Bamako Initiative will provide PHC to 30 per cent of the population by the year 2000. Third, the programme of cooperation will help to strengthen resource mobilization with the Government, donors, NGOs and communities.

29. The country programme has interrelated sectoral and cross-cutting strategies. Each sectoral strategy (health; nutrition; water supply, sanitation and environment; basic education; children in especially difficult circumstances) has elements of service delivery, policy development, capacity-building, community empowerment and advocacy. In terms of geographic coverage, priority will be given to locations with inadequate basic services, low socio-economic status, demonstrated community-driven initiatives and a convergence and complementarity between the country programme and support provided by other donors.

30. The convergence of service delivery is one of five cross-cutting strategies for guiding the delivery of basic services to the target populations, achieving economies of scale and creating development centres. Convergence will be reinforced by linkages among strategies for sectoral programmes such as the Bamako Initiative in health and an assessment-analysis-action ("triple A") approach in nutrition. Thus, one programme will also serve as an entry point for other basic services. A second cross-cutting strategy relates to partnerships, in particular with local and international NGOs, United Nations agencies and bilateral organizations. Community-based management committees will be established for all programmes associated with UNICEF assistance. The involvement of women in planning, implementation and monitoring will be promoted systematically.

31. A strategy for the protection of the environment will entail four interrelated elements: (a) advocacy for a stronger linkage between protection of the environment and social development; (b) use of cost-effective, environmentally friendly technologies; (c) promotion of more efficient agricultural practices; and (d) more environment-sensitive school curricula. The strategy for social mobilization will aim at increasing the demand for basic services and obtaining popular support for revitalization processes. Communication strategies will combine interpersonal communication using community facilitators and the dissemination of messages through national media, including rural radio. National and local communication strategies will intertwine to blend community assessment of needs and solutions and national institutional responses. Another cross-cutting strategy will be the development of an integrated monitoring and evaluation plan.

32. The proposed country programme presents a streamlined structure, featuring seven sectoral programmes with 19 projects, compared to 28 projects in the previous programme of cooperation.

Health

33. The health programme will contribute to the eradication of poliomyelitis and the reduction of mortality due to measles, diarrhoea and ARI. The programme will also provide access to PHC for 30 per cent of the population by 2000 and reduce the prevalence of STDs by 50 per cent. Together with IEC activities on AIDS, the reduction of STDs will help to prevent HIV infection. Increasing access to PHC services through the Bamako Initiative will emphasize management decentralization; a minimum package of essential curative, preventive and promotional health care; increased availability and more rational use of essential drugs and equipment; and community participation in management.

34. Thus, the Bamako Initiative will revitalize 360 peripheral health centres located in all the provinces by 2000. UNICEF will support the building of relevant managerial capacities at district and provincial levels, as required. UNICEF will also support and promote more effective coordination and advocacy for resource mobilization with donors, in addition to assistance for the revitalization of all 1,200 health centres targeted by the National Plan of Action for Social Recovery. UNICEF will assist the Ministry of Health with essential drugs and medical supplies; training of health workers, district managers and health committees; logistical equipment; and the development of managerial, monitoring and social mobilization tools. Community financing will cover local operating costs, excluding health worker' salaries. Ensuring equitable access to services through operational research and the promotion of solidarity will be a priority.

35. EPI and maternal and child health coverage will be sustained and further enhanced in areas where the Bamako Initiative is not yet operational. However, activities will decrease progressively as peripheral health centres are revitalized. EPI, control of diarrhoeal diseases and BFHI activities will be a high priority for national coverage. STD and AIDS prevention will increase the knowledge of in-school and out-of-school teenagers (10-14 years old) on reproductive health and prevention and promote more responsible sexual behaviour in young adults in urban and peri-urban areas.

Nutrition

36. The programme will contribute to achievement of the goals for protein-energy malnutrition, micronutrient deficiencies, growth monitoring and promotion, promotion of exclusive breast-feeding and household food security. The empowerment of communities to better analyse, assess and respond to child malnutrition will cover 200 communities, with 300,000 children under five years old and 270,000 pregnant and lactating women. This coverage will converge with coverage of the Bamako Initiative, thereby optimizing the impacts of maternal and child care interventions and community-based growth monitoring and promotion activities. UNICEF will also support activities for household food security, reduction of womens' workload and environmental hygiene.

37. Micronutrient deficiencies will be addressed through supplementation, the promotion of dietary diversification and fortification of food with vitamin A, iodine and folic acid. A major target will be to sustain nationwide iodation of salt. UNICEF cooperation will complement World Bank support to iodize all locally-produced salt and eliminate IDD. Iodine supplementation will be confined to those few highly endemic areas where iodated salt may not be available.

Education for all

38. The primary aim of the cooperation will be to revitalize the primary school system through improved educational policies which emphasize decentralization, community empowerment and participation, increased partnerships with local NGOs, national as well as subnational capacity-building and improvement of curricula. Another initiative will revitalize 1,000 primary schools serving approximately 150,000 children. This coverage would contribute to achieving 10 per cent of the goal of an 80 per cent completion rate. Improving management standards, building community management capacities and improving cost-effectiveness of teaching and learning materials are important strategies. Collaboration among communities, parent associations, educational authorities and NGOs will generate local solutions to the problems of each school.

39. Non-formal education provides alternatives where the formal system is still ineffective in promoting pre-school education and early childhood stimulation activities as strategies to improve primary school enrolment and achievement.

In addition, literacy activities will serve young adults, especially women, who have not completed a primary education. There will be close collaboration with the United Nations Educational, Scientific and Cultural Organization, the International Labour Organisation, the World Bank and French and Japanese bilateral aid programmes.

Water supply, sanitation and environment

40. The programme will help to (a) increase access to sanitary means of excreta disposal by 30 per cent to 52 per cent; (b) increase access to safe drinking water by 25 per cent to 66 per cent; and (c) promote environmental care activities in convergence with other programmes. The strategy is to sensitize communities about their interdependence with the environment and to ensure that basic services are managed in an environmentally-conscious manner.

41. The sanitation project will use IEC activities to promote better individual and collective hygienic behaviour; support the installation and maintenance of 25,000 latrines for 150,000 people, mainly in urban areas; and develop recycling systems. The water supply project will establish 650 community-operated water points in rural areas for 205,000 people. UNICEF will assist in the supervision of 650 community management committees, help to establish decentralized maintenance networks and support monitoring systems using World Health Organization/UNICEF guidelines. National capacity-building will include the rehabilitation of drilling units and the training of drilling teams and social mobilization agents. The private sector will be encouraged to invest in maintenance and drilling operations. The primary environmental care project will assist other programmes to establish replicable, model environmental actions such as market gardening, nurseries and reforestation.

Children in especially difficult circumstances

42. This programme will attempt to promote the protection of vulnerable children and to strengthen rehabilitation of services. The programme will start in Antananarivo and Antsirabe and progressively expand coverage to the cities of Fianarantsoa, Tulear, Mahajanga, Tamatave, Fort Dauphin and to 50 additional towns. More than 165,000 children and 50,000 single mothers will be covered. One initiative will emphasize prevention through partnerships with NGOs and social institutions. Another initiative will provide basic services for street children, delinquents, commercial sex workers and handicapped children. Vulnerable households will participate in services related to income generation, credit, land tenure and residential security and community organization.

Information and communication

43. Advocacy will pursue the challenging tasks of improving the linkages between policies and budgetary allocations for children and mothers, especially to promote implementation of the National Plan of Action for Social Recovery. Target groups will include donors, mass media, traditional opinion leaders, artists and intellectuals, associations, trade unions, mayors and other political leaders. A second priority will be to reduce gender disparities from both institutional and cultural causes and to promote women in development activities. Programme communication support will strengthen strategies for behavioural change through print and audio-visual materials for advocacy, IEC and social mobilization activities in all programmes.

Planning and social statistics

44. The planning and social statistics programme will strengthen the programming and coordination capacities of national and subnational authorities in the implementation of the country programme and the National Plan of Action for Social Recovery. The programme will improve regular monitoring of country

programme inputs and accomplishments. Regular monitoring of the situation of children, women and other vulnerable groups will also be a priority. A sentinel sites surveillance network, operated by the National Food and Nutritional Surveillance Programme, will provide timely assessments of the impact of adjustment policies at the household level. More innovative and efficient methods of measurement will be employed to assess the contribution of UNICEF cooperation to achievement of the decade goals. There will be closer cooperation with bilateral and multilateral agencies already involved in socio-economic planning such as the United Nations Development Programme (UNDP), the United States Agency for International Development, the European Union and French Cooperation.

45. Emergency preparedness and response activities will help to alleviate devastation from natural disasters such as cyclones and droughts. A timely warning system operated through the National Food and Nutritional Surveillance Programme sentinel system will be linked with mechanisms for the stockpiling and distribution of supplies, logistical support and communications. UNICEF will also support policy development, capacity-building and service delivery strategies so that emergency and rehabilitation services better meet the needs of victims.

Programme management

46. The Ministry of Planning, through the Directorate of Planning, and in liaison with the Ministry of Foreign Affairs, will ensure the coordination of country programme implementation. Coordination with multilateral and bilateral donors will strengthen the complementary role of UNICEF cooperation and strengthen programmatic linkages with the assistance of other donors.

47. UNICEF will continue to advocate for and participate actively in the development of a country strategy note for government cooperation with United Nations agencies as well as to promote harmonization of programme cycles with UNDP and the United Nations Population Fund. Collaboration with NGOs will include project agreements which define the roles and responsibilities of NGOs and UNICEF. Local communities will be crucial partners, providing essential inputs such as commodities and other kinds of participation. Communities will be involved in co-management, maintenance and cost-sharing activities, as well as in the promotion of access to basic services for all.

48. The proposed level of supplementary funding is based on past fund-raising success. Supplementary funds will usually complement general resources to further expand the coverage of basic services and support activities in the areas of communication, advocacy and social statistics. A fund-raising strategy has been prepared which stresses the importance of pursuing and further developing the commercial debt-swap experience for supplementary funding. Information exchanges with existing and potential donors will be organized, in particular with National Committees for UNICEF. New partnership arrangements will be sought with the national private sector and multinational companies.

49. An important objective is to build the capacity of UNICEF national professional officers for strengthening continuity of programmes. A special effort will be made to recruit more female staff members during the new programming cycle, particularly for professional posts. Currently, 34 per cent of National Professional Officer posts and 53 per cent of General Service posts are held by women.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Madagascar | (1992 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 164 | (1993) | Very high U5MR |
| Infant mortality rate | 100 | (1993) | Very high IMR |
| GNP per capita | $ 230 | (1992) | Low-income GNP |
| Total population | 13.3 million | (1993) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1993 |
|---|---|---|---|---|---|
| Births | (thousands) | 314 | 404 | 553 | 604 |
| Infant deaths (under 1) | (thousands) | 58 | 56 | 55 | 60 |
| Under-five deaths | (thousands) | 89 | 87 | 91 | 99 |
| Under-five mortality rate (per 1,000 live births) | | 285 | 216 | 164 | 164 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 184 | 140 | 100 | 100 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1984/1992)) | Moderate & severe | 33 * | 39 * |
| | Severe | 8 * | 9 * |
| Babies with low birth weight (%, 1986) | | .. | 10 |
| Primary school children reaching grade 5 (%, 1970/1990) | | 42 | 38 |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1992) | .. | 47 |
| Timely complementary feeding rate (6-9 mos.) (%, 1992) | .. | 93 |
| Continued breast-feeding rate (20-23 mos.) (%, 1992) | .. | 45 |
| Prevalence of wasting (0-59 mos.) (%, 1984/1992) | 12 * | 5 * |
| Prevalence of stunting (0-59 mos.) (%, 1984/1992) | 28 * | 51 * |
| Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990) | 109 | 95 |
| Total goitre rate (1990) | .. | 24 |
| Household expenditure (% of total income, 1980-1985) All food/cereals | .. | 59 / 26 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1986/1992) | | 12 | 29 |
| Access to health services | Total | 60 | 65 |
| (% of population, 1980/1989) | Urban/rural | .. / .. | 65 / 65 |
| Access to safe water | Total | 20 | 23 |
| (% of population, 1980/1991) | Urban/rural | 80 / 7 | 55 / 9 |
| Access to adequate sanitation | Total | .. | 3 |
| (% of population, 1980/1991) | Urban/rural | 9 / .. | 12 / 3 |
| Births attended by trained personnel (%, 1992) | | | 56 |
| Maternal mortality rate (per 100,000 live births, 1988) | | .. | 570 |

| Immunization | | 1981 | 1985 | 1990 | 1993 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 25 | 31 | 67 | 82 |
| | DPT | 40 | 23 | 46 | 64 |
| | Polio | .. | 20 | 46 | 64 |
| | Measles | .. | 28 | 33 | 52 |
| Pregnant women (%) immunized against: | Tetanus | .. | 22 | 60 | 16 |

* Aged 0-23 months.

/...

TABLE 1 (continued)

Madagascar

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1990) | Total | 142 / .. | 92 / .. |
| | Male | 145 / .. | 93 / .. |
| | Female | 139 / .. | 91 / .. |
| Secondary enrolment ratio (gross/net) (%, 1980/1990) | Total | .. / .. | 18 / .. |
| | Male | .. / .. | 18 / .. |
| | Female | .. / .. | 18 / .. |
| Adult literacy rate, 15 years & older (%, 1985/1990) | Total | 77 | 80 |
| | Male/female | 86 / 68 | 88 / 73 |
| Radio/television sets (per 1,000 population, 1980/1991) | | 182 / 5 | 200 / 20 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1993 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 6745 | 8790 | 12010 | 13259 | 16579 |
| Population aged 0-15 years | (thousands) | 3070 | 4076 | 5686 | 6328 | 7910 |
| Population aged 0-4 years | (thousands) | 1165 | 1551 | 2188 | 2439 | 2914 |
| Urban population (% of total) | | 14.1 | 18.3 | 23.8 | 26.0 | 30.8 |
| Life expectancy at birth (years) | Total | 45 | 50 | 54 | 56 | 58 |
| | Male | 44 | 49 | 53 | 54 | 57 |
| | Female | 47 | 52 | 56 | 57 | 60 |
| Total fertility rate | | 6.6 | 6.6 | 6.6 | 6.6 | 5.9 |
| Crude birth rate (per 1,000 population) | | 47 | 46 | 46 | 45 | 42 |
| Crude death rate (per 1,000 population) | | 20 | 16 | 13 | 13 | 10 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1992) | | .. | 17 |
| Population annual growth rate (%, 1965-1980/1980-1993) | Total | 2.5 | 3.2 |
| | Urban | 5.1 | 5.9 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1980-1992) | | -0.4 | -2.4 |
| Inflation rate (%, 1970-1980/1980-1992) | | 10 | 16 |
| Population in absolute poverty (%, 1977) | Urban/rural | 50 / 50 | .. / .. |
| Household income share (%) | Top 20%/bottom 40% | .. / .. | .. / .. |
| Government expenditure (% of total expenditure, 1991) | Health/education | .. / .. | 7 / 17 |
| | Defence | .. | 8 |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | .. / .. | 2 / 4 |
| Official development assistance: (1981/1992) | $US millions | 184 | 359 |
| | As % of GNP | 7 | 13 |
| Debt service (% of goods and services exports, 1982/1992) | | 20 | 16 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1995 a/

COUNTRY: MADAGASCAR
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $16 822 000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources | | SF | | Total (GR & SF) | |
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 4 870 | 3 324 | 286 | 199 | 183 | 74 | 819 | 3 114 | 6 158 | 5 728 | 6 711 | 15 178 | 12 869 | 20 906 |
| Nutrition | 777 | 188 | 49 | 59 | 82 | 49 | 263 | 524 | 1 171 | 2 445 | 820 | 4 200 | 1 991 | 6 645 |
| Water supply and sanitation | 22 | 7 | | 47 | | | 825 | 946 | 847 | | 1 000 | | 1 847 | |
| Education | 345 | 173 | 176 | 81 | 141 | | 329 | 452 | 991 | 1 325 | 706 | 4 605 | 1 697 | 5 930 |
| Community organization and development | 104 | 212 | 15 | 11 | | | 70 | 605 | 189 | | 828 | | 1 017 | |
| Young child development | | | | | | | | | | 400 | | 750 | | 1 150 |
| Women-centred programme | | 5 | | | | | | | | | 5 | | 5 | |
| Children in especially difficult circumstances | 1 | 558 | | 23 | | 128 | 1 | 338 | 2 | | 1 047 | | 1 049 | |
| Social mobilization and advocacy | 49 | 42 | 6 | 11 | 16 | | 130 | 54 | 201 | 367 | 107 | 840 | 308 | 1 207 |
| Planning and social statistics | 34 | 96 | | 38 | | | 37 | 63 | 71 | | 197 | | 268 | |
| Programme support | 641 | 53 | 99 | | 1 979 | 288 | 1 222 | | 3 941 | 3 862 | 341 | | 4 282 | 3 862 |
| Emergency | 356 | 422 | 23 | 2 | | | 354 | 1 122 | 733 | 2 695 | 1 546 | 6 827 | 2 279 | 9 522 |
| GRAND TOTAL | 7 199 | 5 080 | 654 | 471 | 2 401 | 539 | 4 050 | 7 218 | 14 439 b/ | 16 822 c/ | 13 308 | 32 400 d/ | 27 612 | 49 222 |

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.

c/ Including additional general resources of $4 322 000 (E/ICEF/1994/P/L.19).

d/ Of this amount, $6 860 963 remains unfunded.

**TABLE 3. PLANNED EXPENDITURE, 1996 - 2000**

(In thousands of United States dollars)

| **Country: MADAGASCAR**<br>**Period covered: 1996 - 2000** | **Funding status** | **1996** | **1997** | **1998** | **1999** | **2000** | **Total** |
|---|---|---|---|---|---|---|---|
| Health | GR | 900 | 1 000 | 1 000 | 1 000 | 1 000 | 4 900 |
| | NSF | 3 010 | 2 910 | 2 970 | 2 970 | 2 870 | 14 730 |
| Nutrition | GR | 300 | 300 | 300 | 300 | 300 | 1 500 |
| | NSF | 700 | 700 | 700 | 700 | 700 | 3 500 |
| Education for all | GR | 500 | 550 | 550 | 550 | 550 | 2 700 |
| | NSF | 2 000 | 2 050 | 2 150 | 2 250 | 2 450 | 10 900 |
| Sanitation, water and environment | GR | 400 | 400 | 400 | 400 | 400 | 2 000 |
| | NSF | 1 500 | 1 500 | 1 500 | 1 500 | 1 500 | 7 500 |
| Children in especially difficult circumstances | GR | 250 | 250 | 250 | 250 | 250 | 1 250 |
| | NSF | 650 | 650 | 650 | 650 | 650 | 3 250 |
| Information and communication | GR | 200 | 200 | 200 | 200 | 200 | 1 000 |
| | NSF | 650 | 580 | 580 | 580 | 580 | 2 970 |
| Planning and social statistics | GR | 550 | 500 | 500 | 500 | 500 | 2 550 |
| | NSF | 250 | 250 | 250 | 250 | 250 | 1 250 |
| **TOTAL** | GR | 3 100 | 3 200 | 3 200 | 3 200 | 3 200 | 15 900 |
| | NSF | 8 760 | 8 640 | 8 800 | 8 900 | 9 000 | 44 100 |
| **GRAND TOTAL** | | 11 860 | 11 840 | 12 000 | 12 100 | 12 200 | 60 000 |

GR = General resources.
NSF = New programmes for supplementary funding.

Annex

LIST OF STUDIES AND EVALUATIONS, 1993-1994

1. Establishment of salt iodization plants at Toliary and Morondava and enactment of regulations on iodized salt, 22 March 1993.

2. Evaluation of ENAP (pedagogical and costing), January 1994.

3. Cost, resource, use and financing of district health services, August 1994.

4. True coverage: study to evaluate the cold chain and determine the seroconversion of children and women, late 1994.

5. Development of the conceptual framework for causes of malnutrition, July 1994.

6 National survey on the situation of children and women, October 1992.

7. Evaluation of the Manakara-Vohipeno integrated project, 1 February 1993.

8. "Child by child" participatory evaluation of the Antoka NGO project for resettling street children in rural areas.

9. Vitamin A deficiency: study and mapping of its incidence, April 1994.

10. Study on the cost dimension of community participation, 15 April 1993.

11. Study on the managerial capacity of women's groups, 4 October 1993.

12. Survey on vaccination coverage, 11 July 1993.

13. Survey on the motivation of health personnel, 11 July 1993.

14. Surveys on knowledge, attitude and practices with respect to nutrition in the Antananarivo and Toliary "Faritany", 25 January 1993.

15. Introduction of universal salt iodization in Madagascar, 24 October 1993.

16. Survey to evaluate the food and nutrition situation of the Brickaville "Fivondronana", July 1994.

17. Feasibility study on salt iodization in Madagascar, December 1993.

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FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION*

## Uganda

SUMMARY

The Executive Director recommends that the Executive Board approve the country programme of Uganda for the period 1995 to 2000 in the amount of $32,600,000 from general resources, subject to the availability of funds, and $77,400,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

| | Page |
|---|---|
| THE SITUATION OF CHILDREN AND WOMEN | 2 |
| PROGRAMME COOPERATION, 1990-1994 | 4 |
| RECOMMENDED PROGRAMME COOPERATION, 1995-2000 | 6 |

List of tables

| | | |
|---|---|---|
| 1. | Basic statistics on children and women | 14 |
| 2. | Expenditure under previous cooperation period, 1990-1994 | 16 |
| 3. | Planned expenditure, 1995-2000 | 17 |

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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## THE SITUATION OF CHILDREN AND WOMEN

1. After the strife of the 1970s and 1980s, the past five years have brought new hope for children and women in Uganda. Many socio-economic indicators still reflect the difficulties of past decades, but peace and stability have returned. After years of decline, economic growth is accelerating; it reached 7.2 per cent in 1992-1993. Inflation fell from over 250 per cent in 1989 to 16 per cent in 1993-1994. In spite of these achievements, per capita gross domestic product (GDP) is still less than $200 per annum, and 57 per cent of the population cannot afford the minimum caloric intake and basic non-food items. Major constraints to equitable growth include a debt of $2.6 billion, very low revenue generation through taxation (9.5 per cent of GDP) and limited employment opportunities outside the agricultural sector. The Government's low revenue base constrains investment in the social sector. While approximately one third of government expenditure goes to the social sector, only one third of this is spent on basic services. Government expenditure on health has increased to 5 per cent of GDP, but most expenditure is still mainly on curative care and for towns. A similar pattern exists in education.

2. Uganda's population in 1991 was 16.6 million, and it is increasing at an annual rate of 2.5 per cent. Ninety per cent of the people live in rural areas. Fifty per cent are under 15 years of age. Uganda has 39 districts, 150 counties, about 800 sub-counties, 4,800 parishes and 40,000 villages. The political structure consists of democratically elected Resistance Councils, and they range from the village to the national level. At least one female representative is appointed at each level. This system has contributed to political stabilization and has also mobilized people around social priorities such as immunization. The Resistance Councils are the principal channel for the national Government and community participation processes of development. Parallel to the Resistance Council system runs the administrative structure of civil servants and extension workers who, though still poorly paid, are becoming more accountable to elected councils under a new decentralization policy. Despite some constraints, more decentralization of authority to local Government is expected to lead to a much needed acceleration of the development process at district and sub-country levels.

3. The Uganda National Programme of Action for Children (UNPAC) embodies the country's political commitment to address the problems of women and children. Providing a policy framework for social sector planning, UNPAC sets 16 major goals and 59 supporting goals for the survival, development and protection of children by the year 2000. The National Council for Children (NCC), established in 1993, has begun to decentralize UNPAC to the district level and below.

4. The 1991 census revealed an infant mortality rate (IMR) of 122 per 1,000 live births, no improvement on the last reliable figure of 1969. The under-five mortality rate (U5MR) has also remained stagnant at 203 per 1,000 live births. The main causes are malaria, measles, diarrhoea, pneumonia and acquired immune deficiency syndrome (AIDS). Recent increases in the incidence of malaria and AIDS underscore the inadequacy of disease prevention and access to basic health services.

5. There is no evidence of significant improvement in nutrition. Over 10 per cent of babies are born with low birth weight. Forty-five per cent of children under the age of five years are moderately or severely stunted. This is the result of the high incidence of childhood infections, insufficient frequency of feeding and, especially in urban areas, declining breast-feeding and child care practices. The heavy workloads of mothers may interfere with the proper feeding of young children, and the youngest are usually given lowest priority at meals. Many families suffer from food shortages and poor food storage practices because they have to sell staple foods to raise cash for other basic family expenses.

6. The maternal mortality rate (MMR) is estimated at 300 per 100,000 live births, which is among the highest in the world and shows no sign of declining. Contributing factors are the 67 per cent incidence of adolescent pregnancies, the 62 per cent of deliveries made without trained attendants and the high fertility rate (7.3). Girls are often married before physical and social maturity, and early child-bearing repeated at short intervals contributes to premature exhaustion. Many traditional families prefer their sons to marry uneducated girls. As a result, many families arrange early marriages to secure a bride-price for their daughters. Girls are also expected to contribute to family income until they leave home to marry. Therefore, they are less likely to be educated than boys, and investment in girls' education is often seen as wasted. Girls and women bear heavy multiple burdens of child care, domestic chores, water and fuelwood collection, food production for consumption and sale, and other activities to secure the bulk of family income. In most cases, the husband controls and allocates family resources even though the woman does most of the work to generate these resources.

7. Safe rural water supply coverage was less than 5 per cent in 1980, rose to 28 per cent in 1992, and continues to improve. However, this remains one of the lowest coverage rates in the world and it contributes to the high rates of diarrhoeal diseases and parasitic infections as well as to the excessive workload of girls and women. Inappropriate use of water also limits its potential health benefits. Unprotected sources are often preferred to boreholes because of their convenience and taste. Water handling and storage are often unhygienic; water from safe sources becomes polluted by the time it is consumed. Sanitation awareness is low and the construction of a family latrine is often considered an unnecessary expense. Rural sanitation coverage in 1992 was reported to be 52 per cent.

8. The social and economic impact of human immunodeficiency virus (HIV)/AIDS is undermining the prospects for more progress in child survival. National HIV sero-prevalence is estimated at 10 per cent, but reaches 30 per cent in some areas. AIDS-related deaths overwhelm the caring capacity of the population and leave behind dependent orphans and the elderly, whose needs strain the capacity of a depleted social services system. HIV infection among girls is six times higher than among boys owing partly to the exploitation of young girls by older men seeking HIV/AIDS-free partners. Physical and sexual abuse of women and girls is widely reported. Adolescent pregnancy frequently leads to expulsion from school. There are an estimated 1.2 million orphans who depend on the extended family and community support. The number of street children is also rising and child labour is common.

9. Government expenditure on primary education is increasing, but reached only 2 per cent of GDP in 1992-1993. The enrolment rate has fallen by nearly 2 per cent over the last four years. There is a considerable disparity between urban and rural facilities. Poverty is the main cause of low enrolment (87 per cent for boys and 68 per cent for girls) and high drop-out rates (52 per cent for boys and 75 per cent for girls).

10. In conclusion, optimism arising from Uganda's political and macroeconomic recovery is justified but not sufficient in itself for major improvements in the difficult situations of women and children. Many appropriate policies and structures are in place, but a scarcity of resources creates a large gap between intention and implementation. Government decentralization presents both a challenge and an opportunity. All locally available resources, including those from donors, need to be incorporated into the district planning and budgeting processes for decentralization to succeed for children and women. Effective decentralization would bring decision-making and accountability closer to communities and lead to closer relationships between donors and districts. A major challenge will be to use external resources to mobilize more domestic resources and commitments, particularly at district, community and family levels, in pursuit of the UNPAC goals.

## PROGRAMME COOPERATION, 1990-1994

11. The major objectives of the country programme were (a) to reduce IMR from an estimated 104 to 90 per 1,000 live births; (b) to reduce U5MR from an estimated 165 to 155 per 1,000 live births; and (c) to reduce MMR from 265 to 250 per 100,000 live births. The mid-term review in 1993 led to the incorporation of several mid-decade goals, including: (a) to raise immunization coverage to 80 per cent and that of measles to 90 per cent; (b) to eliminate neonatal tetanus; (c) to virtually eliminate iodine deficiency disorders (IDD) and vitamin A deficiency; (d) to achieve the use of oral rehydration therapy (ORT) in 80 per cent of episodes of child diarrhoea; and (e) to interrupt the transmission of dracunculiasis (guinea worm disease).

12. The 1991 census showed that previous estimates of mortality rates were low and that, therefore, the IMR and U5MR objectives were unrealistic. However, the programme made considerable progress towards coverage and disease-specific targets. The adoption of the mid-decade goals led to some progress. Measles immunization coverage reached 70 per cent in 1993, and the use of ORT almost tripled to 45 per cent. The number of reported cases of guinea worm disease fell from 120,000 in 1991 to 45,000 in 1993. However, much remains to be done to achieve the mid-decade goals by the end of 1995. Neonatal tetanus is still a significant cause of infant deaths. IDD are prevalent in five districts and a vitamin A deficiency survey revealed a xerophthalmia rate of 6 per cent in one district.

### Health and nutrition

13. The main focus was continued support for immunization services through social mobilization, training and the provision of supplies and logistics. The achievement of universal child immunization (UCI) was remarkable in view of the neglected infrastructure, insecurity and low remuneration of staff. UCI reflects political commitment, sound management and effective social mobilization. UCI has led to an overall decline in the number and severity of measles epidemics. However, a recent drop in immunization coverage rates underscores the need for more sustainable approaches.

14. In spite of low media coverage, poor communications and difficulties faced by extension workers, the programme succeeded in tripling the ORT use rate for the treatment of diarrhoea. The programme integrated the delivery of services for the control of acute respiratory infections (ARI) to improve its cost-effectiveness.

15. Two nationwide health education programmes were established, one of them for schools. The area-based programme for health and water was expanded from 5 to 10 districts. The introduction of health financing schemes and management committees for health units has improved community participation in health and increased resources for health care at the local level.

### Water supply and environmental sanitation

16. The objective was to protect 8,160 springs, drill 1,895 boreholes, rehabilitate 1,750 boreholes and construct 4,660 latrines. The achievements were 9,000 springs protected, 2,000 boreholes drilled, 1,800 boreholes rehabilitated and 63,500 latrines constructed. The UNICEF contribution was particularly prominent in the 10 districts of the area-based programme where water supply coverage reached 33 per cent and sanitation 66 per cent in 1992. After years of neglect, the proportion of operational water sources recovered reached 85 per cent in 1993 through the rehabilitation of boreholes and the development of a community-based maintenance system. Hence, the water supply and environmental sanitation programme was also a pioneer in demonstrating how the decentralization process can be supported by a donor-assisted programme.

17. Although sanitation coverage remains low, there was progress in raising political commitment. The programme moved away from the exclusive promotion of the ventilated improved pit latrines towards a policy of promoting simple, improved pit latrines. These are constructed entirely of local materials and use a low-cost latrine slab which is within the means of most families. Local production centres increased the availability of sanplats. Improved water supplies and effective health education led to solid progress in reducing transmission of endemic guinea worm disease.

HIV/AIDS prevention

18. The two major health education programmes were also the basis for the development of the country programme's response to the HIV/AIDS epidemic, known as safeguard youth from AIDS. This has now become a mainstream approach and is integrated into the government's multisectoral HIV prevention activities at national and district levels, as well as by non-governmental organizations (NGOs). A basic communication strategy encourages the adoption and sustained practice of health promotion and safe sexual behaviours by young people. The strategy emphasizes changes in values, beliefs and attitudes and other enabling factors. UNICEF promoted and supported the development of an association for NGOs involved in community-based child welfare. With its district branches, this association is now the major coordinating body for services for AIDS orphans.

Education

19. The programme supported the development of a viable health education component in the school syllabus, with associated teacher training and other support. The objective was for 75 per cent of children completing primary grade seven to answer correctly 65 per cent of the relevant questions from the syllabus. An evaluation is due in 1995, but a 1992 survey of 1991 results showed that 27 per cent of children answered 50 per cent of the questions correctly, an increase of 11 per cent over the previous year. The programme also supported functional literacy classes for women and pilot community mobilization initiatives to increase primary school enrolment, especially of girls.

Planning and advocacy

20. UNICEF supported the development of UNPAC and the ratification of the Convention on the Rights of the Child. Both raised public consciousness of children's issues, which are increasingly being addressed by planning processes at all levels. One indication of this was the Government's creation of NCC in 1993, which advocates and facilitates planning for children.

Lessons learned

21. The 1990-1995 country programme succeeded in improving basic health infrastructure and delivery systems and laid the groundwork for longer-term and sustainable changes in the situation of Ugandan women and children. In particular, the scope and effectiveness of centralized, vertical service delivery programmes such as immunization, the promotion of ORT, water supply and environmental sanitation, were improved considerably.

22. By 1994, over 40 evaluations and major studies had been conducted on programme impact and activities. All programmes went through at least one evaluation. In-depth studies also covered almost all aspects of the programme from guinea worm to equity for girls. Findings contributed to the annual programme reviews and led to adjustments in the plan of action for the following year. They were also considered at the 1993 mid-term review, which recommended increased attention to sustainability (including behaviour change), cost-effectiveness and gender equity.

23. The generic thrust of the evaluations was that high levels of external financial and technical assistance had brought about improvements in service delivery, but that project management units had been added to rather than integrated into existing government structures. This has contributed to a donor-dependent "project culture", and led to numerous centrally-based, supply-driven and vertical service delivery projects. This approach was less cost-effective and led to the duplication of activities, problems of coordination and lack of "ownership" of the programme at the district level. While knowledge and attitudes have improved, studies on AIDS awareness (1992), ORT practices (1993) and sanitation behaviour (1992) suggested that there has been limited measurable impact on behavioural change. Although increased women's participation in development was an objective of the 1990-1995 programme, the evaluations found little evidence of progress.

24. The increasing demands for external assistance and human resources has led to more efforts to mobilize local resources (Bamako Initiative evaluation, 1991) and to make child survival and development part of the mainstream of government activity. However, the proposed UNICEF country programme will need to give priority to greater coordination and cost-effectiveness through fewer projects and a more programme-focused approach (mid-term review, 1993). As most of the UNPAC goals depend on improving individual and family behaviours, the programme will need to move from information dissemination to community participation approaches for changing behaviours related to child survival, protection and development. Responsibility for gender issues will have to be more clearly assigned and monitoring systems will need to be more gender-responsive.

## RECOMMENDED PROGRAMME COOPERATION, 1995-2000

General resources : $32,600,000
Supplementary funding: $77,400,000

Recommended programme cooperation a/

(In thousands of United States dollars)

| | General resources | Supplementary funds b/ | Total |
|---|---|---|---|
| Health | 8 000 | 26 400 | 34 400 |
| Water supply and environmental sanitation | 6 400 | 21 000 | 27 400 |
| Basic education, child care and adolescent development | 6 500 | 21 000 | 27 500 |
| Coordination, communication and advocacy | 4 700 | 7 500 | 12 200 |
| Programme support | 7 000 | 1 500 | 8 500 |
| Total | 32 600 | 77 400 | 110 000 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme planning process

25. There has been widespread participation in the development of the new country programme. A coordinating committee was formed in September 1993 consisting of senior members from relevant sectoral and multisectoral ministries, NCC, Makerere University, district administrations, United Nations agencies and international and national NGOs. The committee met monthly for one year. Four sectoral teams did the detailed work with planners and managers at different levels. The committee presented its findings to ministers and over 150 key partners, first, at the strategy meeting and then at the preview meeting. Virtually the same committee and its sectoral teams are expected to take on the role of coordinating implementation of the new programme.

26. In view of the changes in Uganda since the preparation of the last country programme, the committee decided to plan for the new programme to be introduced in 1995, in synchronization with the Government's 1995-1996 budget. This will allow restructuring of the current country programme to begin in 1995 and means that the previously approved country programme will conclude one year earlier than planned. It will also achieve harmonization with the programme cycle of the United Nations Development Programme, which will also conclude in 2000.

27. The development of the situation analysis was highly participatory. The process was led by NCC, with research and drafts prepared by the Child Health and Development Centre of Makerere University. This was the first time that a national institution rather than UNICEF has prepared the situation analysis. The research involved visits to every district and over 2,000 interviews and focus group discussions. The responses obtained, which were mainly qualitative in nature, provided a vital complement to the quantitative data provided by sectoral ministries and national institutions. NCC intends to update the situation analysis annually as a major advocacy activity.

Country programme objectives and national programme of action goals

28. The country programme has the following longer-term goals to guide the pursuit of specific objectives: (a) that all Ugandan children are born into a social environment that fully embraces their rights, is fully cognizant of their basic needs and makes all efforts to meet these needs with available resources; and (b) that, within their social environment, all Ugandan women and girl children enjoy the same rights as males to development opportunities and are freed from all forms of discrimination. As a country programme objective, UNICEF cooperation will support the development and implementation of district and sub-country plans of action for the achievement of the following UNPAC goals: (a) to reduce IMR from 111 per 1,000 live births in 1993 to 50 by 2000; (b) to reduce U5MR from 185 per 1,000 live births in 1993 to 70; (c) to reduce MMR from an estimated 300 per 100,000 live births to 250; (d) to reduce severe and moderate malnutrition among children under five years of age by 50 per cent; (e) to achieve 75 per cent access to safe water supply and environmental sanitation; and (f) to achieve 95 per cent primary school enrolment and 50 per cent completion, with equal enrolment and completion by boys and girls.

Strategies

29. The country programme strategy will have a more refined mix of strategies for advocacy and social mobilization, service delivery, capacity-building and community empowerment as a result of the lessons learned in the past cooperation. For example, strengthening service delivery is necessary but not sufficient for the development and implementation of district and sub-country plans of action for children. The achievement of UNPAC goals nationwide will also depend on changing and reinforcing community and family behaviours. These kinds of achievements can only be sustained with community institutions which are capable of implementing information, education and communication (IEC) activities.

30. Likewise, capacity-building to sustain services in cost-effective ways will depend heavily on improved cooperation among key government organizations for the improvement of multisectoral policies, e.g. for child nutrition, especially at district and national levels. Capacity-building efforts will be linked more systematically with communication activities to promote effective programme implementation with families, NGOs and the private economic sector. One example would be increasing production of iodized salt and promoting its use with the community.

31. The coverage of the country programme will be nationwide. Where activities are new, they will be developed in a limited geographic area and gradually expand towards national coverage. In districts receiving support for some activities from other donors, the country programme will focus on other complementary activities in the district.

32. The strategy of the country programme includes a structure with three major characteristics or dimensions. First, there are four levels at which behavioural changes and practices will be pursued. These are: (a) the community level, which is the most immediate environment of family behaviour change; (b) the service delivery level, where service providers interact with the community; (c) the district level, where resources are mobilized and managed for service delivery; and (d) the national level, for relevant policy and monitoring of policy implementation.

33. Second, the country programme is composed of four specific programmes: (a) health; (b) water supply and environmental sanitation; (c) basic education, child care and adolescent development; and (d) coordination, communication and advocacy. The last of these covers processes related to the mobilization of resources for the entire country programme.

34. Third, the programme is structured to promote six cross-cutting skills that government and NGO planners and managers need. These are gender analysis, information management, resource mobilization and management, communication, environmental analysis and the use of nutritional status as an indicator of programme performance. Improving the analytical skills of planners and managers will place capacity-building on gender issues in the mainstream of all programmes. These personnel will be better able to address gender throughout implementation, including the disaggregation of data and the planning of annual activities. Each programme includes discreet gender-specific activities that are designed to complement and reinforce follow-through on women's concerns. The strategy promotes not only women's participation as beneficiaries, but also their empowerment through increased control of and access to resources and women's involvement in decision-making.

Health

35. The health programme will aim to sustain the achievement of the mid-decade goals and support measures for the prevention and control of the leading causes of morbidity and mortality of women and children, i.e., malaria, ARI, diarrhoeal diseases, immunizable childhood diseases, reproductive health problems, malnutrition and micronutrient deficiencies. Specific targets include 85 per cent immunization coverage of infants, 33 and 50 per cent reductions in under-five mortality due to ARI and diarrhoea, respectively, and the reduction of malaria morbidity in pregnant women by 60 per cent.

36. The strategy will help communities to take more responsibility for health promotion. UNICEF will provide financial and logistical support to strengthen the capacity of 15,600 community committees. Information systems will be strengthened so that communities can monitor local basic health indicators. Based on monitoring results, advocacy and social mobilization will help to increase demand for the prevention, management and control of major diseases and

deficiencies. Activities will stress the correct treatment of the sick child, safe immunization, quality antenatal and maternity services, promotion of vitamin A-rich foods and exclusive breast-feeding during the first four months of life. UNICEF will support training for 145,000 community resource persons, community health workers and traditional birth attendants.

37. At the service delivery level, the strategy will be to develop an integrated package of essential health services and delivery systems and to strengthen related training and supervision of health workers. The package will emphasize the holistic management of the "sick child", especially for malaria, ARI and diarrhoea. Vitamin A supplementation and antenatal services will be delivered through integration with immunization services.

38. UNICEF will support the training of sub-county and district health managers so that they can identify and secure more resources and improve the use of resources. They will also be trained in health management information systems and sentinel community surveillance methodology. Thirty-nine district and 4,100 sub-county health committees will receive training in the better use of resources for health.

39. At the national level, UNICEF will support activities to develop and implement policy guidelines for a model district health system, integrated health service packages, promotion and importation of iodized salt, limitation on importation and use of breast-milk substitutes, provision of maternity shelters and improved gender analysis for women's empowerment. UNICEF will also support pre-service and in-service training of health personnel. Advocacy will sensitize decision makers at national and district levels to improve resource allocations for health services. Appropriate personnel will also be trained in logistics for emergency preparedness. The main national partners will be the Ministry of Health, the Uganda Community-Based Health Care Association and the Ministry of Local Government.

Water supply and environmental sanitation

40. This programme will contribute to achieving and sustaining 75 per cent access to 25 litres of safe water per capita per day within 1.5 kilometres. Ninety per cent of protected water sources will always be operational. Sanitary latrines will be used by 75 per cent of households. UNICEF assistance towards the achievement of this target will increase access for an additional 5.8 million people. The strategy will increase community management of the construction of water sources and sanitary facilities and promote the more effective use of these facilities to optimize their full health and social benefits. The water supply and sanitation projects of the past country programme will be incorporated into this programme to ensure a more holistic approach. UNICEF will assist nationwide, except in nine districts that are covered by another donor-supported programme, with priority to underserved areas. UNICEF assistance will also promote low-cost technology options. Surveillance of cases of guinea worm disease will be sustained for three years in order to certify eradication.

41. At the community level, Government, NGO staff and the private sector will provide technical assistance for programme implementation. Communities will plan, construct, monitor and maintain 23,260 water supply and sanitation facilities, of which over 75 per cent will use technologies other than boreholes. Hence the efficiency of service delivery systems should be improved by promoting greater responsiveness to community demands, needs and initiatives. In view of the strategy to accelerate coverage, capacity-building will focus on strengthening management skills for mobilization and management of resources at district and national levels. Training of 22,500 water source committees, 42,000 caretakers and 2,100 hand-pump mechanics will be conducted. As local capacity becomes more effective, UNICEF will concentrate more on long-term

sustainability. For example, national advocacy will seek to reduce disparities in the allocation of resources between urban and rural areas. UNICEF will also attempt to interest other donor support in the sector. The main national partners are the Directorate for Water Development and the Ministries of Health and Local Government.

42. During the last country programme, Uganda experienced natural and man-made disasters such as internal civil strife and sudden influxes of refugees. The water supply and environmental sanitation programme will in future be the focal point for emergency preparedness within the country programme. This will involve the preparation of emergency preparedness plans at the district level and early warning systems at the national level.

Basic education, child care and adolescent development

43. Basic education, child care and protection and HIV/AIDS prevention will be merged into one programme which will focus on the cognitive and psycho-social development of children from infancy to adolescence. This adjustment responds to recommendations of evaluations to use common approaches and resource persons, improve linkages and complementarity and achieve greater cost-effectiveness and impact. One major aim is to reduce gender disparity so that girls achieve a 95 per cent gross enrolment ratio, 60 per cent of girls complete five years of school and 50 per cent of girls also complete seven years of education. Other donor projects are addressing issues of quality and accessibility of primary education. UNICEF will complement these efforts by (a) supporting minimum basic education for out-of-school children; (b) mobilizing parental support for children's education, especially in rural areas; and (c) supporting early childhood development (ECD) and care initiatives for disadvantaged children.

44. Complementary opportunities for primary education will be provided for out-of-school children, with a special emphasis on girls. UNICEF will assist teachers recruited by both the community and the formal school system to provide classes at times and places convenient for out-of-school children. This should enable and encourage children to join the formal school system, while ensuring that they receive a basic minimum education if they are unable to do so. In this context, UNICEF will support advocacy for education as the right of every child. Communities will be mobilized to persuade parents to send every child to a primary school or out-of-school classes.

45. ECD activities can help to reduce socio-economic and gender-related inequalities in education. UNICEF will provide training and materials to support community-organized ECD activities that will focus on disadvantaged families and girls. Activities will include training of community-based, voluntary service workers and sensitizing policy makers and leaders to the needs of disadvantaged children. Members of 4,800 village committees will receive special training in management and monitoring. Resource persons will be selected by communities to receive special training in rural community participation and appraisal methods.

46. UNICEF assistance to address HIV/AIDS will continue to focus on safeguarding youth from AIDS, using both out-of-school and school-based approaches. As HIV/AIDS is not the only major social need of youth, UNICEF support for reducing HIV transmission will contribute in other ways to the achievement of UNPAC goals, for example, by reducing teenage pregnancies. Leaders will be trained and supported to strengthen capacity of communities to improve dialogue with parents and children to instill in children a sense of responsibility and concern for their own health, to help youth delay the age of first sexual intercourse and to promote safe sexual and other health-related behaviour among adolescents. Over 3,000 paralegals will be trained to support community leaders to deal with crimes of sexual abuse.

47. UNICEF will also assist the development of curricula for in-school and out-of-school education which will educate adolescents on reproductive health, life skills and children's rights. Adolescents will be encouraged and assisted to develop activities that promote healthy and safe sexual behaviour. Counselling services for families, children and adolescents will be promoted and strengthened both at schools and in the communities.

48. At the national level, the cooperation will provide material, logistical and technical support for policy makers and managers to formulate appropriate, gender-sensitive policies on HIV/AIDS for children and adolescents. The main participating organizations will be the Uganda AIDS Commission and the Ministries of Labour and Social Affairs, Women in Development, Youth and Culture, Health and Education, as well as NGOs and religious organizations. Technical assistance will be given to develop appropriate materials for different target groups. UNICEF will support the development of indicators and strengthen existing information management systems to monitor and evaluate activities that promote safe sexual behaviour among children and adolescents. Research on socio-cultural behaviour affecting reproductive health and the transmission of sexually transmitted diseases will be supported and strengthened to provide more accurate information for developing well-targeted IEC interventions.

49. Child care and protection will be linked to implementation of the Convention on the Rights of the Child and the Convention for the Elimination of All Forms of Discrimination Against Women. Capacity-building will include training ministry and NGO staff to identify and support community-based initiatives and improve care for the most deprived children including orphans, street children and children with disabilities. The unmet needs of girls will be a priority. The programme will also support mechanisms for collaboration among NGOs and government agencies. Over 1,000 district-level resource persons will be sensitized in the first year of implementation. UNICEF will also support the establishment and strengthening of research capacity and monitoring systems, including community-based information systems. This will be achieved through the training of 4,800 Resistance Council vice-chairpersons responsible for children's affairs. The main partners will be the Ministry of Labour and Social Affairs and the Uganda Community-Based Association for Child Welfare.

Coordination, communication and advocacy

50. Common processes, such as gender analysis or social mobilization, were not sufficiently addressed or integrated into previous country programmes of cooperation. The new country programme will emphasize sustainability through the mobilization and management of available resources. As a result, the roles of managers, decision makers and opinion leaders such as elected officials and administrators, who will deal with the entirety of the cooperation, will become increasingly important. The coordination, communication and advocacy programme will involve these many influential persons who do not belong to a specific sectoral programme. This cross-sectoral programme will help these key personnel to coordinate and support the sectoral programmes and activities for promoting the well-being of women and children. The target will be the development and monitoring of 39 district plans of action for children by 1997, 800 sub-county plans by 1999 and the development of community-based management information systems in 4,800 parishes by 2000.

51. The programme will provide material, financial, logistical and technical support to strengthen women's participation in decision-making and resource management and upgrade the skills of sectoral and cross-sectoral managers in gender analysis. Five other cross-cutting skills will also be promoted: information management; the use of nutritional status as an indicator of programme performance; resource mobilization and management; environmental analysis; and communication. UNICEF will also assist in the development and

strengthening of mechanisms for improved coordination between sectoral programmes and the pooling of resources for complementary programme activities such as social mobilization to minimize duplication and promote efficiency and cost-effectiveness.

52. The programme will provide training and guidelines to strengthen the skills of 5,300 district- and lower-level managers to help them better exercise the authority being devolved to them through the decentralization process. UNICEF will also support management processes such as assessments, which result in more informed, coordinated and rational actions for the improvement of the well-being of women, children and adolescents.

53. The development of the overall communication strategy and associated materials will take place at the national level. This will include advocacy, programme communication and social mobilization based on research and targeted at behaviour change. The programme will also support mechanisms at the national level for coordinating the country programme within the framework of national policies and plans. Unresolved policy issues will be addressed, including among others, safe motherhood and family planning, the status of education received out-of-school and further clarification on decentralization. The main partners at the national level will be the Ministries of Finance and Economic Planning, Local Government, Women in Development, Youth and Culture, as well as the National Resistance Movement Secretariat and NCC.

Cooperation with other partners

54. A wide range of technical ministries and NGOs have been involved in previous programme cooperation. The Ministry of Local Government and the districts will be major new partners. There will be close collaboration with programmes assisted by other donor agencies. At the policy level, technical advisers and staff of related donor-assisted programmes will be asked to participate in all policy development, activity design and associated development of IEC materials. Each programme has been designed to complement and reinforce other donor-assisted programmes. In most cases there is an inter-dependency, such as with the essential drugs programme supported by the Danish International Development Agency (DANIDA) as part of the essential health service package, the DANIDA-supported rural water supply and sanitation programme in nine districts not covered by UNICEF, and the World Bank and United States Agency for International Development education programmes which focus on quality and accessibility of the formal school system. Government-UNICEF cooperation will encourage other donors to follow a similar approach in the districts which they support, so as to promote more rapid implementation. UNICEF will also participate in the preparation of a country strategy note with the Government and other United Nations agencies which would become effective during the programme period.

Monitoring and evaluation

55. An integrated monitoring and evaluation plan will support the processes of decision-making and provide timely and reliable information on progress towards the UNPAC goals. Research, monitoring and evaluation activities will guide managers in each programme to improve cost-effectiveness and to analyse progress in terms of coverage, access, utilization, impact and gender equity. Annual and mid-term reviews will provide an opportunity to bring together and analyse information from routine information systems, community sentinel sites, surveys, routine monitoring and supervision and external evaluations.

56. The programme will strengthen existing information systems rather than develop new ones. Local capacity will be strengthened to manage information systems, especially nationwide community surveillance sites, to complement routine information systems. Special attention will be given to evaluating

behavioural changes. A baseline knowledge and practice survey of communities is planned for the first year, and repeat surveys will occur in subsequent years. Costs relative to behavioural change will also be monitored closely.

Programme support and management

57. Existing government and non-government organizations will implement all programmes. To strengthen links between sectors, a multisectoral committee representing participating ministries and other institutions will oversee each programme. The committee for the coordination, communication and advocacy programme will be responsible for the overall coordination of the country programme. At the national level, annual programme plans of action will detail the implementation of activities and assign responsibility for them. At the district level, implementation will be guided by letters of understanding describing the management framework, operating procedures and allocation of responsibilities. Sectoral subcommittees of district Resistance Councils will detail programme activities in district sectoral plans and budgets. The councils themselves must ultimately approve the plans. Relevant ministries will review the proposal plans for consistency with national policies, guidelines and priorities, especially those related to UNPAC.

58. The government policy on decentralization and the resulting shift from vertical sectoral programmes to district planning, management and coordination of basic services has important implications for UNICEF programme management. One UNICEF officer will be assigned to one of four groups of districts as the principal liaison officer for support to all country programme activities. This officer will liaise between the districts and the UNICEF Kampala office and follow through on the activities of the country programme in the district. To complement this approach, the other professional staff, in addition to their responsibilities for sectoral programmes, will be responsible for following up implementation of their sectoral programmes and the country programme as a whole within a group of districts. With this adjustment the UNICEF staff complement will be reduced by 11 posts to a total of 75.

59. The strategy for fund-raising is to sustain the support of existing donors, to attract new donors and to develop innovative funding relationships with lending institutions and the private sector. The emphasis on capacity-building for decentralization of domestic resources should attract donors with interests in improved sustainability of basic services.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Uganda | (1992 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 185 | (1993) | Very high U5MR |
| Infant mortality rate | 111 | (1993) | Very high IMR |
| GNP per capita | $ 170 | (1992) | Low-income GNP |
| Total population | 19.3 million | (1993) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1993 |
|---|---|---|---|---|---|
| Births | (thousands) | 483 | 643 | 901 | 983 |
| Infant deaths (under 1) | (thousands) | 54 | 70 | 100 | 109 |
| Under-five deaths | (thousands) | 90 | 116 | 167 | 182 |
| Under-five mortality rate (per 1,000 live births) | | 186 | 181 | 185 | 185 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 112 | 109 | 111 | 111 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1989) | Moderate & severe | .. | 23 * |
| | Severe | .. | 10 * |
| Babies with low birth weight (%) | | .. | .. |
| Primary school children reaching grade 5 (%, 1980) | | 79 | .. |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1989) | .. | 70 |
| Timely complementary feeding rate (6-9 mos.) (%, 1989) | .. | 67 |
| Continued breast-feeding rate (20-23 mos.) (%, 1989) | .. | 39 |
| Prevalence of wasting (0-59 mos.) (%, 1989) | .. | 2 * |
| Prevalence of stunting (0-59 mos.) (%, 1989) | .. | 45 * |
| Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990) | 92 | 93 |
| Total goitre rate (1991) | .. | 7 |
| Household expenditure (% of total income) | All food/cereals .. | .. / .. |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1986/1993) | | 5 | 45 |
| Access to health services | Total | 61 | 49 |
| (% of population, 1980/1992) | Urban/rural | 90 / 57 | 99 / 42 |
| Access to safe water | Total | 20 | 31 |
| (% of population, 1985/1992) | Urban/rural | 37 / 18 | 58 / 28 |
| Access to adequate sanitation | Total | 30 | 57 |
| (% of population, 1985/1992) | Urban/rural | 32 / 30 | 94 / 52 |
| Births attended by trained personnel (%, 1989) | | | 38 |
| Maternal mortality rate (per 100,000 live births, 1992) | | .. | 550 |

| Immunization | | 1981 | 1985 | 1990 | 1993 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 18 | 37 | 99 | 99 |
| | DPT | 9 | 14 | 77 | 73 |
| | Polio | 8 | 13 | 77 | 74 |
| | Measles | 22 | 17 | 74 | 73 |
| Pregnant women (%) immunized against: | Tetanus | 20 | 20 | 31 | 83 |

* Aged 0-60 months.

TABLE 1 (continued)

Uganda

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1988) | Total | 50 / .. | 80 / .. |
| | Male | 56 / .. | .. / .. |
| | Female | 43 / .. | .. / .. |
| Secondary enrolment ratio (gross/net) (%, 1980/1988) | Total | 5 / .. | 14 / .. |
| | Male | 7 / .. | .. / .. |
| | Female | 3 / .. | .. / .. |
| Adult literacy rate, 15 years & older (%, 1985/1990) | Total | 43 | 48 |
| | Male/female | 57 / 29 | 62 / 35 |
| Radio/television sets (per 1,000 population, 1980/1991) | | 30 / 6 | 109 / 10 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1993 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 9806 | 13120 | 17560 | 19246 | 23401 |
| Population aged 0-15 years | (thousands) | 4828 | 6567 | 8880 | 9783 | 12022 |
| Population aged 0-4 years | (thousands) | 1914 | 2597 | 3512 | 3908 | 4537 |
| Urban population (% of total) | | 8.0 | 8.8 | 11.2 | 12.1 | 14.2 |
| Life expectancy at birth (years) | Total | 46 | 47 | 43 | 42 | 42 |
| | Male | 45 | 45 | 42 | 41 | 41 |
| | Female | 48 | 49 | 44 | 43 | 43 |
| Total fertility rate | | 6.9 | 7.0 | 7.3 | 7.2 | 6.4 |
| Crude birth rate (per 1,000 population) | | 50 | 49 | 51 | 51 | 47 |
| Crude death rate (per 1,000 population) | | 19 | 18 | 20 | 21 | 20 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1989) | | .. | 5.0 |
| Population annual growth rate (%, 1965-1980/1980-1993) | Total | 3.3 | 2.9 |
| | Urban | 5.3 | 5.4 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1980-1992) | | -2.2 | 3.3 |
| Inflation rate (%, 1980-1992) | | .. | 107 |
| Population in absolute poverty (%) | Urban/rural | .. / .. | .. / .. |
| Household income share (%, 1990) | Top 20%/bottom 40% | .. / .. | 42 / 21 |
| Government expenditure (% of total expenditure, 1980/1986) | Health/education | 3 / 15 | 2 / 15 |
| | Defence | 25 | 26 |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | .. / .. | .. / .. |
| Official development assistance: (1981/1992) | $US millions | 136 | 718 |
| | As % of GNP | .. | 24 |
| Debt service (% of goods and services exports, 1982/1992) | | 12 | 22 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: UGANDA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $28 002 101

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources | | SF | | Total (GR & SF) | |
| | GR | FSF | GR | FSF | GR | FSF | GR | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 3 403 | 7 520 | 819 | 1 023 | 796 | 3 716 | 3 100 | 4 541 | 8 118 | 13 391 | 16 800 | 36 770 | 24 918 | 50 161 |
| Water supply and sanitation | 1 839 | 13 613 | 297 | 366 | 270 | 3 689 | 898 | 3 095 | 3 304 | 6 538 | 20 763 | 26 098 | 24 067 | 32 636 |
| Education | 370 | 948 | 185 | 218 | | 239 | | 239 | 555 | 621 | 1 644 | 4 687 | 2 199 | 5 308 |
| Community organization and development | 1 194 | 2 077 | 343 | 812 | 15 | 1 159 | 1 292 | 3 232 | 2 844 | | 7 280 | 13 690 | 10 124 | 13 690 |
| Women-centred programme | | | | | | | | | | 650 | | 2 450 | | 3 100 |
| Social mobilization and advocacy | | | | | | | | | | 1 400 | | 2 822 | | 4 222 |
| Planning and social statistics | 54 | | | | 5 | | | | 59 | 347 | | | 59 | 347 |
| Programme support | 1 277 | 79 | 416 | 1 | 3 689 | 140 | 2 561 | 83 | 7 943 | 5 055 | 303 | | 8 246 | 5 055 |
| GRAND TOTAL | 8 137 | 24 237 | 2 060 | 2 420 | 4 775 | 8 943 | 7 851 | 11 190 | 22 823 b/ | 28 002 c/ | 46 790 | 86 517 d/ | 69 613 | 114 519 |

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.
c/ Including additional general resources of $5 202 101 (E/ICEF/1994/P/L.30).
d/ Of this amount, $49 547 800 remains unfunded.

**TABLE 3. PLANNED EXPENDITURE, 1995 - 2000**

(In thousands of United States dollars)

| **Country: UGANDA**<br>**Period covered: 1995 - 2000** | **Funding status** | **1995** | **1996** | **1997** | **1998** | **1999** | **2000** | **Total** |
|---|---|---|---|---|---|---|---|---|
| Health | GR | 1 200 | 1 280 | 1 380 | 1 380 | 1 380 | 1 380 | 8 000 |
| | FSF | 2 650 | 440 | | | | | 3 090 |
| | NSF | 2 350 | 4 560 | 4 600 | 4 600 | 3 800 | 3 400 | 23 310 |
| Water supply and environmental sanitation | GR | 1 000 | 1 080 | 1 080 | 1 080 | 1 080 | 1 080 | 6 400 |
| | FSF | 2 407 | | | | | | 2 407 |
| | NSF | 1 093 | 3 500 | 3 500 | 3 500 | 3 500 | 3 500 | 18 593 |
| Basic education, child care and adolescent development | GR | 1 000 | 1 100 | 1 100 | 1 100 | 1 100 | 1 100 | 6 500 |
| | NSF | 3 000 | 3 000 | 3 300 | 3 300 | 4 000 | 4 400 | 21 000 |
| Coordination, communication and advocacy | GR | 800 | 860 | 760 | 760 | 760 | 760 | 4 700 |
| | NSF | 1 000 | 1 100 | 1 250 | 1 300 | 1 400 | 1 450 | 7 500 |
| Programme support | GR | 1 100 | 1 180 | 1 180 | 1 180 | 1 180 | 1 180 | 7 000 |
| | NSF | 250 | 250 | 250 | 250 | 250 | 250 | 1 500 |
| **TOTAL** | GR | 5 100 | 5 500 | 5 500 | 5 500 | 5 500 | 5 500 | 32 600 |
| | FSF | 5 057 | 440 | | | | | 5 497 |
| | NSF | 7 693 | 12 410 | 12 900 | 12 950 | 12 950 | 13 000 | 71 903 |
| **GRAND TOTAL** | | 17 850 | 18 350 | 18 400 | 18 450 | 18 450 | 18 500 | 110 000 |

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
NSF = New programmes for supplementary funding.

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